

NJCDCA State Championship Official Team Roster

Please list all team members below by name with their age as of September 01, 2016 and their grade for the 2016-2017 school year. Each coach must sign the bottom of this form certifying that the information is correct as well as have this form signed by your athletic director or recreation director.

Only active team members will be permitted to enter the competition with their team. Any team submitting inaccurate information will be disqualified. If you are a school team and/or a recreation team and plan to compete on a *spring floor* please have your athletic director and/or building administrator sign below giving you permission to do so.

NAME of TEAM: _____ DIVISION: _____

Name of Coach: _____ Signature of Coach: _____

Name of Athletic Director: _____ Signature of Athletic Director: _____

	NAME	SEX	AGE	GRADE	ALTERNATE	CRSSOVR Y/N
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Be sure to denote Alternates