ROSTER FORM FOR GRADES 3 - 8

THIS FORM SERVES AS THE OFFICIAL IBA/USSSA REGISTRATION FOR YOUR PLAYERS AND TEAM - IT MUST BE COMPLETELY FILLED IN & LEGIBLE FOR YOUR ENTRY TO BE ACCEPTED.

TEAM:_____ COACH _____

GRADE:_____ BOYS _____ GIRLS _____ TOURNAMENT:_____ DATE: _____

NO.	NAME	GRADE	SCHOOL SCHOOL PHONE	PLAYER'S ADDRESS	PHONE	D/O/B/

COACH:	**Phone Number**
COACH:	**Phone Number**
SCOREKEEPER/TIMEKEEPER	**Phone Number**

I Certify the above is correct and accurate to the best of my knowledge

_____ COACH

THIS FORM MUST BE IN GYM RATS, INC. OFFICE BY DEADLINE TO BE OFFICIALLY ENTERED.