



All Star Team Roster

Send one roster per team along with your Registration Form
 Organization/Gym Name _____
 Team Name _____ Level _____
 Division Name _____ Competition Name _____
 Head Coach _____ Coach's Number _____
 Coach's E-Mail _____

Please acknowledge that all information on this form is accurate and that you have a copy of each athlete's birth certificate should it need to be verified.

Participant's Name	USASF Athlete Number	Birth Date	2 nd Routine Crossover	3 rd Routine Crossover
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			TOTAL:	TOTAL: