



Team Roster

Send one roster per team along with your Registration Form.

Organization/Gym Name: _____

Team Name: _____ Level: _____

Division Name & Level: _____ Competition Name: _____

Head Coach _____ Coach's Phone Number _____

Coach's Email _____

Please acknowledging 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.

For Crossovers: Pay regular fee w/1st team and list team they cross to below.

Participant's Name	Date of Birth	Age as of 8/31	Paying for 1 st performance	Crossing over to: from this team's to (2 nd team)	Crossing over to: from this team's to (3 rd team)	Paying cross over fee X 1 or X2
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