



ROSTERS MUST CONTAIN Flag Football	MINIMUM 7
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TEAM PARTICIPATION ROSTER
(\$385/Adult Team, \$350/Youth Team)

TEAM NAME: _____
 MANAGER: _____
 PHONE: _____
 ADDRESS: _____
 EMAIL: _____

MANAGERS NOTE THE FOLLOWING RULES:

1. You are not a legal team until this completed roster is submitted to University of Sports.
2. Players are ineligible unless their names appear on this roster

TEAM MANAGER: I will take full responsibility that only players on the roster will play in any games or practice held. I also agree to insure that the team fees & any fees assessed to my team are paid prior to participation & acknowledge all team fees & fines are my responsibility & any delinquent accounts will be subject to our collections agency.

PLAYERS NAME (Please Print)	ADDRESS	ZIP	PHONE NUMBER	EMAIL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Team Managers Signature: _____ **Date:** _____