## 2006 TOURNAMENT OF CHAMPIONS TEAM ROSTER FORM

TEAM NAME :	CIT <sup>®</sup>	Y/LEAGUE :			PROVINCE :	DATE :	
PLEASE PRINT CLEARLY. Please list a By signing this roster, I acknowledge, and	I will comply with the guidelines	printed on the back of th	and executive m	iembers, as well as player	rs. Be sure to complete all area	as în fuii. Original signa	atures are required.
Full Name (Please Print)	Mailing Address		ostal Code	Phone Number	Date of Birth (d/m/y)	Signature	Email
I am the Team Manager of the above	named team and I swear that a	Il of the information s	upplied above	is true and correct and	that all of the players hav	e signed in their own	handwriting I further certify that th
above named team and all of the playe	ers on this Official Roster Form	are genuine and the te	am is operatin	g under the auspices of	The above named City/Lea	gue.	nandwitting. I further certify that th
Team Managers Name:		Signature:			Date:		
Phone:(H)	(B)		(F)		Email:		
Alternate Contact / Coach:							
Phone:(H)	(B)		(F)		Email:		