2014 NUTMEG STATE GAMES
TEAM ROSTER FORM

FOR OFFICIAL USE ONLY Date Rec'd_ _____Cash _____Check _____ANT _____

Phone: (860)788 7041 Fax: (860) 894 2654 Online: www.nutmegstategames.org Email: info@nutmegstategames.org

TEAM NAME: _____ SPORT: _____DIVISION_____

HEAD COACH: _____PHONE# _____

ASSISTANT COACH: _____PHONE # _____

SCORE KEEPER: _____

TEAM GENDER: ☐ Male ☐ Female TEAM UNIFORM COLORS_____

REGION(Circle One): **North South East West** (See your team sport web page for the towns and regions list)

Each athlete on the team must turn in a properly completed Team Sport Athlete Waiver and proof of age.

TEAM MEMBERS (Please PRINT)

Player #	FIRST NAME	LAST NAME	DATE OF BIRTH	(S,M,L,XL,2X) T-SHIRT SIZE	ATHLETE WAIVER	PROOF OF AGE
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TEAM NAME: _____ SPORT: _____DIVISION_____

COACH: _____

Each athlete on the team must turn in a properly completed Team Sport Athlete Entry Form (signed waiver) and proof of age.

TEAM MEMBERS (Please PRINT)

Player #	FIRST NAME	LAST NAME	DATE OF BIRTH	(S,M,L,XL,2X) T-SHIRT SIZE	ATHLETE WAIVER	PROOF OF AGE
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