## Team Roster Form

Team Name:			
Team Reps. Email:			
Classification:	ABC		
Please list the Team Representative at the top of	the roster and check all ap	oplicable boxes.	
Name (Please print clearly) Team Rep. only needs to be listed once on Roster if a player too		NCVA Office Use Only  Team Fee:	
1	☐ Team Rep.	☐ Completed Online	
2	☐ Player	☐ Completed Online	
3	☐ Player	☐ Completed Online	
4	☐ Player	☐ Completed Online	
5	☐ Player	☐ Completed Online	
6	☐ Player	☐ Completed Online	
7	☐ Player	☐ Completed Online	
8	☐ Player	☐ Completed Online	
9	☐ Player	☐ Completed Online	
10	☐ Player	☐ Completed Online	
11	☐ Player	☐ Completed Online	
12	☐ Player	☐ Completed Online	
13	☐ Player	☐ Completed Online	
14	☐ Player	☐ Completed Online	
15.	☐ Player	☐ Completed Online	