Team Roster Form

Team Name: _____ Team Rank: _____

Age Group: ❑ 18 ❑ 17 ❑ 16 ❑ 15 ❑ 14 ❑ 13 ❑ 12 ❑ 11 ❑ Youth 5th/6th ❑ Youth 7th/8th

A membership fee is applicable to all listed persons

Note: The Club Director's name needs to appear on only one team roster.

Name (Please print clearly)			NCVA Office Use Only
1. _____	❑ Director		❑ Completed Online
2. _____	❑ Coach		❑ Completed Online
3. _____	❑ Asst. Coach		❑ Completed Online
4. _____	❑ Asst. Coach	❑ Other	❑ Completed Online
5. _____	❑ Chaperone	❑ Other	❑ Completed Online
6. _____	❑ Chaperone	❑ Other	❑ Completed Online
1. _____	❑ Player		❑ 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