## Team Roster Form

Team Name:		<del></del>
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