SuperClubs Roster Form

Team Name: _____ Team Age / Sex _____

Team Leader: _____ Coach: _____

Team Leader's Phone #'s: _____ Coach's Phone #'s: _____

Team Leader's Email Address: _____ Coach's Email Address: _____

	Full Name	Jersey	Phone #	Address	City	State	Zip	Email Address	D.O.B	Grade	GPA	SAT/ACT
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