

OFFICIAL TEAM ROSTER



List all team members below by name with their current grade and school year. Coaches must fill out an Official Team Roster for EACH team entered in the competition and submit it with the team registration and fees by the deadline. ONLY four passes will be provided for coaches and school or club staff members. All teams must have school verification for each member from the school they are enrolled in, verifying grade and registration. Please PRINT all information clearly and keep a copy for your records. Be sure to report all changes to M.A.C. prior to the competition.

TEAM & SCHOOL NAME: _____

HEAD COACH: _____ CONTACT PHONE: () _____

EMAIL (required): _____

PLEASE PROVIDE COACH'S NAME AND CONTACT NOT ADVISOR

By submitting this form I verify that each member of the team has personal accident insurance & submitted a team waiver an insurance fee.

COACH'S SIGNATURE: _____

Name	Grade	Name	Grade
1. _____		19. _____	
2. _____		20. _____	
3. _____		21. _____	
4. _____		22. _____	
5. _____		23. _____	
6. _____		24. _____	
7. _____		25. _____	
8. _____		26. _____	
9. _____		27. _____	
10. _____		28. _____	
11. _____		29. _____	
12. _____		30. _____	
13. _____		31. _____	
14. _____		32. _____	
15. _____		33. _____	
16. _____		34. _____	
17. _____		35. _____	
18. _____		36. _____	

MANDATORY ATHLETE REGISTRATION & WAIVER FORM MUST be sent in for each athlete with the Competition Registration. If you have added participants make sure to send their waiver and insurance fee.

Coach(es) & Advisor/Administrator Names:
