

# NORTH TEXAS ALL STAR GYMS UNITED



Event Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Division: \_\_\_\_\_

**Coach #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Coach #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

	Participants Name	Date of Birth	Age	Gender (M/F)	Cross-over (Y/N)	Cross-over Team
1						
2						
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I affirm that all information on this form is accurate and all participants on this roster have been added to the appropriate division. I understand should the information on this form be falsely represented in any way, that my team will be disqualified.

\_\_\_\_\_  
Coach or Gym Owner's Signature

\_\_\_\_\_  
Date