

Team Roster - Wednesday Night Co-ed

First Name Last Name DOB Signal 1.	
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If more players needed to be added, another sheet will be provided



Team Roster - Wednesday Night Men's

Te	am Name:		Team Manager:	
	<u>First Name</u>	<u>Last Name</u>	DOB	<u>Signature</u>
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	If more	e players needed to be add	ed, another sheet will be p	rovided



Team Roster - Thursday Night Men's

Team Name:		<u></u>	Team Manager:	
	<u>First Name</u>	<u>Last Name</u>	DOB	<u>Signature</u>
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If more players needed to be added, another sheet will be provided