



Colorado Indoor Tournament Team Roster

Team Name: _____ Head Coach: _____

Contact Email: _____ Contact cell #: _____

Division Team Participating in: U14 U16 U19 (print one form for each team)

All age brackets are based off a January 1st cut-off date. Example: if you turn age 16 on or after January 2nd, you are a U16 for the entire current year, if before the 2nd you are a U19 for that current year.

As Coach, I certify that all my players are listed correct Date of Birth. and legal to participate in the age bracket they are registered for.

Coach Signed: _____ Date: _____

Player Name: _____ DOB: _____

Player Name: _____ DOB: _____

Player Name: _____ DOB: _____

Player Name: _____ DOB: _____

Player Name: _____ DOB: _____

Player Name: _____ DOB: _____

Player Name: _____ DOB: _____

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