

Hallmark II

Team Roster

Session: _____

Sport: _____

Team Name:	Age Group:		
Manager:			
Address:			
City:	State:	Zip:	
Phone:	E-Mail:		

	Name	High School/Club	DOB	Phone #	Pd	E-Mail
1						
2						
3						
4						
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16						

The undersigned Coach/Manager and his/her players, or, if a minor, their legal guardian, agree to be jointly and/or severally responsible for the team charges/fees. In the event the matter is turned over to collection, the undersigned acknowledges that they will be responsible for all collection costs, including court cost and attorney fees.

Coach/Manager Signature: _____ Date: _____

Coach/Manager Printed Name: _____