



Team Member Roster Sheet

Church:		City:	
Name of Coach(s):			
<input type="checkbox"/> Sparks-A-Rama	<input type="checkbox"/> Truth & Training <input type="checkbox"/> Div 2 <input type="checkbox"/> Div 3	<input type="checkbox"/> Trek 24/7	<input type="checkbox"/> Journey 24/7

Please turn this form in on game day at the coaches' meeting.

NAME	SECTIONS (Y/N)	AGE	DATE OF BIRTH
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

(Signed) _____ (Signed) _____
Team Coach *Pastor/Commander*

SECTIONS:	Write "Yes" or "No" as to whether the team member has completed the book requirement as stated in Official Rules on www.awananc.com in order to be able to compete.
AGE:	Team member's age on September 1 of this ministry year.