

THE FLORIDA PREMIER TEAM ROSTER

PROGRAM/ GYM NAME: _____

TEAM NAME: _____

DIVISION/ LEVEL : _____



Team Roster (1 per team)

	First Name	Last Name	Birthdate	Age	PARENT SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Coach Contact

	First Name	Last Name	Phone	Email
1.				
2.				
3.				

I, _____ certify the above information is true and correct to the best of my knowledge. I understand that any false information may result in disqualification in any Premier Championship production.

(print name)

(signature)

Date

** Athlete & coaches temperatures will be taken prior to entry at The Florida State Fairgrounds*

