

ICBA Roster Form

(Maximum 12 Player Roster)

Organization Name

Age Group

Division

Enter requested division on Sched. template

Athletes Name

Grade*

Date of Birth

Address

City/State/Zip

Where played last

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Coaches Name (required)

Coaches E-Mail (required)

Home Phone (required)

Work or Cell

Any coach who allows incorrect information to be entered on this form will automatically disqualify their team for this year.

Signature of coach _____

Date _____

*Grade Exception form must be completed for children who do not meet the age cut-off.

**All exceptions must be disclosed on the roster form or the team will forfeit all games the player participates in.