



TEAM TOURNAMENT TEAM ROSTER FORM

TOURNAMENT NAME: _____

Team Name	_____	Section	_____
School	_____		
Coach	_____		
	Name	_____	
	Address	_____	
	E-mail	_____	
	Phone	_____	

Team member information ("DOB": Date of Birth; "Exp.": Expiration date (month/year))

Board 1

Name _____
 Address _____
 E-mail _____
 Phone _____
 DOB _____ Grade _____
 USCF ID _____ Rating _____
 Exp. USCF _____ MACA _____
 Dues USCF _____ MACA _____

Board 2

Name _____
 Address _____
 E-Mail _____
 Phone _____
 DOB _____ Grade _____
 USCF ID _____ Rating _____
 Exp. USCF _____ MACA _____
 Dues USCF _____ MACA _____

Board 3

Name _____
 Address _____
 E-mail _____
 Phone _____
 DOB _____ Grade _____
 USCF ID _____ Rating _____
 Exp. USCF _____ MACA _____
 Dues USCF _____ MACA _____

Board 4

Name _____
 Address _____
 E-mail _____
 Phone _____
 DOB _____ Grade _____
 USCF ID _____ Rating _____
 Exp. USCF _____ MACA _____
 Dues USCF _____ MACA _____

Alternate

Please check the box to the left if the team has an alternate. Please provide the alternate team member's information on the reverse side of this form.