

JLTA ROSTERS

TEAM NAME _____

HOME COURT SITE _____

LEAGUE COLOR _____

	NAME	ADDRESS	CITY	ZIP	HOME #	OTHER #	EMAIL
Capt.							
Co-Capt							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							

“Please PRINT. Sign, Date and Mail this roster, plus a Signed Waiver Form for each person along with your team check of \$10.00 per player (send 1 check only) to your league secretary.”

DATE: _____

CAPTAIN SIGNATURE _____