



Cocoa Expo Sports

Thanksgiving Shootout Team Roster



Please submit this form 5 days prior to the event.

<i>Tournament Name:</i>		<i>Team Name:</i>	
<i>Head Coaches Name:</i>		<i>Age Division:</i>	<i>Date:</i> / /
<i>Coaches Signature</i> <u>I verify that the following is correct.</u>		<i>Assistant Coach:</i>	
<i>Street Address:</i>		<i>Assistant Coach 2:</i>	
<i>City, State, Zip</i>		<i>Assistant Coach 3:</i>	
<i>Phone:</i>	<i>Fax:</i>	<i>Head Coach Cell Phone:</i>	

	LAST NAME	FIRST NAME	D.O.B. (M/D/Y)	POSITION	UNIFORM NO.
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