

Elite Battle in the South Team Roster

Team Name: _____ Age Division: _____

Manager: _____ Email: _____

Work: _____ Home: _____

Cell: _____

Coach: _____ Email: _____

Cell: _____

Coach: _____ Email: _____

Cell: _____

	Name of Player	Date of Birth	Age
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____

Please mail or fax at least 2 weeks prior to the tournament:

David Roberts
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 Suite 260
 Harriman, TN 37748
 Fax (865) 882-5281