

COA Roster

Championship Name _____

Championship Date _____

Team/Program Name _____

Division _____

Division Code _____

	Athlete Name	Date of Birth	Age	Grade	Gender M/F	Number of Performances
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38*						
39*						

Please sign below to ensure accuracy of document

X
Signature _____

Date _____

Submit this form with your Registration.
Copy this form and use one for each registered team. List all participants competing in the division listed above.
Any participant not listed on your roster will not be allowed to compete at the championship.
*Please use the following lines for alternates.

1.800.252.4337



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