



Team Roster Sheet

Team Name: _____

Game Date: _____

#	PLAYER Name	Jersey #	Position	Jersey #	Email	School	Capt / Asst
1							
2							
3							
4							
5							
6							
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12							
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14							
15							
16							
17							
18							
19							
20							
21							
22							
Inhome:							

Game roster shall consist of Max. 20 runners and 2 goalies.

Coach / Manager Name: _____

Coach / Manager Signature: _____

Phone:(_____) _____ **Email:** _____

As the team representative, I verify that I have checked the eligibility of my players and that each of them are in compliance with the regulations as set forth by my local governing organization and US Indoor Lacrosse. I understand that if I am found to be in violation of those regulations my team and I will be subject to strict disciplinary sanctions that may include fines, suspension and/or forfeit of games.