



12th ANNUAL

Section One

Mike Murphy Memorial

VJP Tournament

TEAM ROSTER

Section: _____ Area: _____ Region: _____ City: _____

Team name: _____

Team Colors - Shirt: _____ Shorts: _____ Socks: _____

Team Contact Name: _____ Title: _____

Day Phone: _____ Eve Phone: _____ Cell : _____

Email: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Coach: _____ Day Phone: _____ Eve Phone: _____

Asst. Coach 1: _____ Day Phone: _____ Eve Phone: _____

For shirt sizes please indicate Youth (Y) or Adult (A). For example – YXL, AS

Coach Shirt: Size _____ Size _____

#	Player ID#	Player Name	Telephone	Date of Birth	Shirt Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

The team roster must be signed by the regional commissioner or designee.

Regional Commissioner _____ print name _____ signature _____ date _____ phone _____