

# Hallmark I Team Roster

Session: \_\_\_  
2018-2019

Team Name:		Age Group:	
Manager:			
Address:			
City:		State:	Zip:
Phone:		E-Mail:	

	Name	DOB	Phone #	Pd	E-Mail
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*The undersigned Coach/Manager and his/her players, or, if a minor, their legal guardian, agree to be jointly and/or severally responsible for the team charges/fees. In the event the matter is turned over to collection, the undersigned acknowledges that they will be responsible for all collection costs, including court cost and attorney fees.*

Coach/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach/Manager Printed Name: \_\_\_\_\_