

Roster/Player First Game Verification Form

Date:		Location:		
Team:		Division:		
Coach:				
Official Roster Form in Binder: Yes or No				
Paperwork Complete (Pictures, Birth Certs, etc.): Ye	s or No			
Restricted Players Marked and Verified: Yes or No				
Any issues or concerns (in Detail):				
Verified by:				
Signature			Printed Name	
Town			Division	