



# Texas Amateur Athletic Federation Official Team Roster Form – ADULT

Region \_\_\_\_\_ City \_\_\_\_\_ Sport \_\_\_\_\_ Division \_\_\_\_\_ Team Name \_\_\_\_\_

NOTE: 1.) Each player and team manager should read the statement on Page 2 before completing and signing this roster.

Print or Type Player's Name	Player's Signature	Bonafide Residence (Street, City, State, Zip))	Phone	Texas Drivers Lic or Picture ID#
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
PU1.				
PU2.				
PU3.				

\*PU=Pickup player

**TEAM MANAGERS GUARANTEE:** Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) \_\_\_\_\_ Signature of Team Manager \_\_\_\_\_ Email address \_\_\_\_\_ Date \_\_\_\_\_

Manager's Address (Print or type) \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Signature of local T.A.A.F. Representative \_\_\_\_\_ Signature of Region Director or Region Tournament Director (if applicable) \_\_\_\_\_