



Pavilion Team Roster

By the registration deadline, please fill this form out and return it to the Pavilion along with all individual **registrations** and **waivers**.

Age Group: Youth _____ Women's _____ Men's _____ Coed _____ **Session:** 1 2 3
(Bracket) *(circle one)* *(circle one)*

Coach/Captain Name _____ **Phone #** _____

Team Name _____ **Sport:** _____

	Last Name	First name	Jersey #	Reg.	Waiver	Payment
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

Please Note Roster Limit per Sport

Date Team Fee Met _____ Pavilion Staff _____