

CASL Team Roster

To be filled out by Team Manager

Date: _____ Season: _____ Division: _____

Team Name: _____

Team Color: _____ Team Alternate Color: _____

Team Manager: _____ Phone: _____ Email: _____

Co-Manager #1: _____ Phone: _____ Email: _____

Co-Manager #2: _____ Phone: _____ Email: _____

#	FIRST AND LAST NAME	EMAIL ADDRESS	PHONE	D.O.B.
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