TEAM ROSTER
CHRISTIAN MEN'S ATHLETIC ASSOCIATION
2020 SEASON

TEAM NAME: _____

CONTACT (Primary): _____

CELL PHONE NO. _____

CONTACT (Secondary): _____

CELL PHONE NO. _____

By signing this roster players agree to abide by the rules of the league and understand neither the league nor the host churches are responsible for injuries that may occur.

Player's Name	Signature	Email address (optional)

Rosters must be turned in at the Scorer's Table at the <u>first game of the season</u>. Rosters are <u>frozen after the 4th game</u> of the season unless the League Coordinator gives specific approval.