Team Roster

Team Name:	
Coach/Contact Person:	
Phone #:	

Printed Name	Tribe & CDIB # (Attach Copies)	Signature*

*By signing this form, we agree to the terms of the R.E.Sp.E.C.T. Program Assistance Guidelines and Sportsmanship Creed.

R.E.Sp.E.C.T. Program
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