OLYMPIC DEVELOPMENT PROGRAM
STATE TEAM ROSTER

State _____ Season: _____ Colors: _____ ☐ Boys ☐ Girls Age Group: 19 _____

	Name	Address	Phone	Fax	Email
State Admin:					
State Coach:					
Team Admin:					
Team Coach:					

Jersey #	Name (last, first, middle initial)	Address, City, State, and Zip	Telephone #	Birth Date	U.S. Citizen Yes/No	Year of H.S. Grad	GPA

I hereby certify all Birth Dates and Citizenship information above to be correct.

_____ _____ _____ _____

Name (Printed) **Signature** **Position** **Date**