TEAM SHEET

TEAM _____ **DIVISION**_____

SHIRT NO.	PLAYER NAME (PLEASE PRINT)	SIGNATURE

I, _____(Team Contact Name) CERTIFY THAT ALL OF MY PLAYERS ARE ACCREDITED FOR THIS TEAM IN THE 2024 PAN PACIFIC MASTERS GAMES AND ARE OF THE CORRECT AGE FOR THIS DIVISION

_____ _____

Signature Team Contact **Mobile Number**

NOTE: **TEAM SHEET MUST BE COMPLETED BY ALL PLAYERS PRIOR TO COMMENCEMENT OF GAME AND RETURNED TO ADMINISTRATION.**
PLAYERS ARRIVING LATE OR AFTER FIRST GAME MUST COMPLETE AT ADMINISTRATION BEFORE PLAYING.