## TEAM SHEET

TEAM _____     DIVISION_____

| SHIRT NO. | PLAYER NAME (PLEASE PRINT) | SIGNATURE |
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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.

**WHERE LEGENDS COME TO PLAY!**

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