

St. Margaret Mary 36th Invitational

School: _____

Coach's Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Email: _____

Assistant coach: _____ Phone: _____

Team roster:

# _____	# _____
# _____	# _____
# _____	# _____
# _____	# _____
# _____	# _____
# _____	# _____

The following information will allow us to divide teams into divisions as evenly as possible. Please be accurate and truthful in your description.

League: _____ Division: _____ Record: _____

We will do our best to accommodate any school or church related scheduling conflicts as long as we are advised in advance. Please check with your players, parents and school to make sure that you are aware of any such conflicts and list them below.

**Your invitation will not be accepted until this roster and the tournament fee is received. Please mail to: Dave Dare 1014 Hillcrest Dr. Omaha, NE 68132

Team permission and release: We release SMM Athletic Board, School, Parish and the staff of this tournament from all claims of any injuries or accident which may be sustained by my team while participating in this tournament.

Coach's Signature: _____ Date: _____