

Sparks-a-Rama Team Member Roster Sheet

CHURCH:	CITY:
NAME OF COACH:	REGISTRATION #:

Please turn this form in on Sparks-a-Rama Day at the coaches' registration table.

	NAME	SECTIONS	GRADE	AGE	DATE OF BIRTH
G I R L S	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
B O Y S	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				

Team Coach/Trained Volunteer Signature

Pastor/Commander Signature

SECTIONS: *Write "Yes" or "No" as to whether a child has completed the 10-sections requirement in order to be able to play.*

GRADE: *Child must be in second grade or lower (No Cubbies).*

AGE: *Child's age on September 1st of current club year.*