

LRDA Roster Form

Team Name: _____

Team Sponsor: _____

Team Captain:	Phone Number/Email Address	
	Paid	

Team Co-Captain:	Phone Number/Email Address	
	Paid	

Team Members:	Phone Number/Email Address	
	Paid	
1		
	Paid	
2		
	Paid	
3		
	Paid	
4		
	Paid	
5		
	Paid	
6		
	Paid	
7		
	Paid	
8		
	Paid	
	Paid	

Sponsor Signature:	Paid

Date: _____