



TRAINING VENUE DAILY ROSTER

DATE:

Team Name:

Coach(es):

Coach(es) Phone Numbers:

Local Hotel/Accommodations:

Participating Athletes:

Health Screened

Health Screened

- | | |
|-----|-----|
| 1. | 16. |
| 2. | 17. |
| 3. | 18. |
| 4. | 19. |
| 5. | 20. |
| 6. | 21. |
| 7. | 22. |
| 8. | 23. |
| 9. | 24. |
| 10. | 25. |
| 11. | 26. |
| 12. | 27. |
| 13. | 28. |
| 14. | 29. |
| 15. | 30. |

Additional Pertinent Info: