



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: