

SCTL SIGNATURE PAGE

TEAM NAME _____ LEVEL _____

DIVISION: (circle one) M, W, Mxd, Sr.W, S.Sr.M SEASON:(check one) Fall ___ Spring ___ Year _____

CAPTAIN (print) _____

<u>Player name (please print)</u>	<u>date</u>	<u>Player Signature</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

The captain acknowledges that these signatures are the legitimate signatures of all players listed on the submitted team Roster. Captains should hold this completed form until requested for submission by either the Division VP or the Rules Chairman.