

2010 FBAO JUVENILE NATIONAL QUALIFIER TEAM ROSTER

Team Name: _____

Region: _____

Category: Male Female

Sweater Colour: Home Away

Team contact: _____ Phone _____

	C/A/ g	#	Name (Please print clearly)	Signature (to be signed at registration)	Birth Date
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		Nccp#			
	Coach				
	Manager				
	Trainer				
	Other				