

Team: _____

Coach: _____

Email coach: _____ Phone# _____

| Team Members | CMP# | DOB | Shooter: New/Old |
|--------------|-------|-------|---------------------|
| 1. _____ | _____ | _____ | ____ |
| 2. _____ | _____ | _____ | ____ |
| 3. _____ | _____ | _____ | ____ |
| 4. _____ | _____ | _____ | ____ |
| 5. _____ | _____ | _____ | ____ |
| 6. _____ | _____ | _____ | ____ |
| 7. _____ | _____ | _____ | ____ |
| 8. _____ | _____ | _____ | ____ |
| 9. _____ | _____ | _____ | ____ |
| 10. _____ | _____ | _____ | ____ |
| 11. _____ | _____ | _____ | ____ |
| 12. _____ | _____ | _____ | ____ |

Please send your team members information to **Larry Behling at rt6larry@icloud.com**. All information is for NYS American Legion League usage only. This information needs to be in **by Oct. 25, 2021**. Copy form if more than 12 members.