

# 2020 TUESDAY SUMMER TRAP LEAGUE TEAM ROSTER

**TEAM NAME** \_\_\_\_\_

**PLEASE PRINT We Must be Able to Read Thank You**  
**We cannot contact your Team without Contact Information**

**CIRCLE ONE (16YRD OR YARDAGE)**

**Phone #**

	<b>Shooter Name</b>	<b>Shooter #</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**NO CHANGES OR ADDITIONS TO THE TEAM ROSTER  
AFTER THE 3RD NIGHT OF SHOOTING, WITHOUT  
DOCUMENTED APPROVAL OF 50% OF THE  
CORRESPONDING LEAGUE CAPTAINS !  
( MUST USE TEAM ROSTER CHANGE APPROVAL FORM )**