

2020 THURSDAY 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

TEAM MEMBER Phone # E-Mail Member/NonMember

	Shooter Name	Shooter #
1		
2		
3		
4		
5		
6		
7		
8		

**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)**