

CHALLENGE GOLF LEAGUE TEAM ROSTER



League Name: _____

Team Name: _____

City, State: _____

Head Coach: _____ NYSCA ID#: _____

Address: _____ Daytime Phone: _____

City: _____ State: _____ Zip: _____

Assistant Coach: _____ NYSCA ID#: _____

Address: _____ Daytime Phone: _____

City: _____ State: _____ Zip: _____

Participant Name (First, Last):	Evaluation Score: <input type="text"/> TLC or GLT Past Participant? Yes No
Address:	
City, State, Zip	
Phone: Birth-date / / Gender: M F	
Participant Name (First, Last):	Evaluation Score: <input type="text"/> TLC or GLT Past Participant? Yes No
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City, State, Zip	
Phone: Birth-date / / Gender: M F	
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