

# TEAM ROSTER CHANGE SHEET

TEAM NAME	NIGHT OF PLAY	LEAGUE
	Circle:      M          T          W          T          F          S	

NAME	ADDRESS	PHONE	Add	Delete
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>

As Capo, I hereby swear that each team member will read the RULES and WAIVER RELEASE of the Martinez Bocce Federation, before their first game of play. ALL CAPO'S WILL BE HELD RESPONSIBLE FOR THIS REQUIREMENT AND THE ACTIONS OF THEIR TEAM MEMBERS.

Print Name:

Signature:

Date:

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