



Queen City 7's Rugby Tournament
 Official Rugby Team Roster
 June 25, 2016

Team Name: _____ Phone: (H)- _____ Phone: (W)- _____

Manager/Coach: _____ Phone: (C)- _____ E-mail: _____

Street Address: _____ City: _____ State: _____ Zip: _____

<u>Players Name</u>	<u>Jersey Number</u>	<u>CIPP #</u>	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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11.			
12.			

I hereby give approval for the participation of this team in this event and certify that the above information is correct. I understand that it is my responsibility to make sure that all team members sign the agreement, release and waiver of liability form. All waivers **MUST** be signed and attached to the Queen City 7's Club Entry Form, prior to submittal. All entry forms with incomplete signed waivers will be considered invalid and rejected.

Signature of Manager/Coach: _____ Date: _____