



**NECA ALL-STAR ROSTER
ELIGIBILITY FORM**

Attention Gym Owner: Please specify the division below and list EACH participant who will be competing in that division. You must list the athlete's birth date and age (as of May 31, 2007) on this form. All Participants who are "crossing over" to another team must be indicated on this form. The information must be completed and turned in upon team registration.

IMPORTANT: Coaches must carry age eligibility documents for their team members in the event their eligibility is contested by another team.

Name of Team: _____ Division: _____ Level: _____

Participant's Name	Birth Date	Age	Crossover Team(s) List Division (s) & Level (s)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

(Please list any additional participants on the back/second page).

I certify that all the listed participants meet the eligibility requirements of the division that I have entered them into.

COACH'S SIGNATURE: _____ DATE: _____

ALL-STAR TEAM ROSTER (CONTINUED)

(if additional participants are listed please sign both pages).

21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		

I certify that all the listed participants meet the eligibility requirements of the division that I have entered them into.

COACH'S SIGNATURE: _____ DATE: _____

GYM OWNER SIGNATURE: _____ DATE: _____