

Year

International Caribbean Sports TOURNAMENT PLAYERS ROSTER

Limit of 21 Players

PLEASE TYPE THE FOLLOWING INFORMATION

Age Division

ICST Team and Player Agreement

The information pertaining to the following members of the	team listed on
this ICST Player Roster Information Form for the year is correct and the players listed are hereby c	certified as eligible
to compete in the International Caribbean Sports Tournament	
Under the tournament rules, all players listed on my team roster for age groupd	ivision have been
informed of their eligibility requirements under ICST rules.	

Name of Team Insurance Con	npany:		
Policy No.:	Date Issued:	Expiration Date:	
Is ICST named as the Insured	on Liability Policy?	Amount of Liability Insurance: \$	
Certified Correct Team Manag	er		
Manager's Address, State and	l Zip		
Signature		Date	

THREE COPIES OF THIS ROSTER MUST BE PRESENTED TO THE TOURNAMENT COMMITTEE

Team Name _____ State _____

Player's Name	Birth	Uniform #	Pos.	HT.	WT.	т	в	School	Year Grad.
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									



International Caribbean Sports ICST CLASSIC CHAMPIONSHIP SERIES

Team Name _____

State _____

YEAR

INDIVIDUAL TEAM CERTIFICATION FOR ELIGIBILITY

	PLAYER'S FULL NAME	BIRTH DATE	PERMANENT RESIDENCE ADDRESS-CITY-STATE-ADDRESS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			

Team Manager:		Coach:				Coach:		
Address:			Address:			Address:		
City State 2	Zip	City	State	Zip	City	State	Zip	
Phone No			Phone No		Phone No			
Email Address			Email Addre	SS	Email Address			
Certified Manager's Signa	ature				Date			