



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 Zip

_____ City State Zip

_____ City State Zip

_____ Phone No

_____ Phone No

_____ Phone No

_____ Email Address

_____ Email Address

_____ Email Address

Certified Manager's Signature _____

Date _____