

UNIVERSITY OF MONTANA LADY GRIZ TEAM CAMP

TEAM ROSTER FORM

School _____ Coach _____

Level ___A___B___C Coach's Address _____

City _____ State _____ Zip _____ E-mail _____

Home Phone _____ Cell Phone _____ Work _____

Name	Yr.	Deposit
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Roster Form must be accompanied by a \$25 per player deposit. (**Coaches please write one check and have your players pay you back.**) All checks should be made out to Lady Griz Team Camp.