SDHSBA TEAM ROSTER FORM
Due Date: March 30th

TEAM: _____ INSURANCE PROVIDER/ POLICY #: _____

HEAD COACH: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL ADDRESS: _____

#	NAME	POS	GRADE	HT.	WT.	Throw/Bat

I certify all players from _____ are eligible. _____ Athletic Director
I certify all players from _____ are eligible. _____ Athletic Director
I certify all players from _____ are eligible. _____ Athletic Director
I certify all players from _____ are eligible. _____ Athletic Director
I certify all players from _____ are eligible. _____ Athletic Director

In the event an Athletic Director refuses to certify the players, each player from that school must provide a signed letter from school officials addressed to SDHSBA declaring him to be an eligible student/athlete. Those letters must accompany this form.

PLEASE SIGN/SCAN/EMAIL to sdhsba@hotmail.com OR MAIL TO: SDHSBA, PO BOX 1021, SIOUX FALLS, SD 57101.