

TEAM ROSTER

Coaches: Print this form and fill it out for each team. Please give it to the tournament director before the start of round one.

Select Section

SCHOOL			A, B, C, ETC. IF LE TEAMS
SCHOOL CITY			ZIP
List players in or	rder of chess strength, with player 1 be	eing the strongest:	
PLAYER 1 NAME			
		USCF ID NUMBER (IF APPLICABLE)	Grade
PLAYER 2 NAME			
		USCF ID NUMBER (IF APPLICABLE)	Grade
PLAYER 3 NAME			
		USCF ID NUMBER (IF APPLICABLE)	Grade
PLAYER 4 NAME			
		USCF ID NUMBER (IF APPLICABLE)	Grade
alternates (of	ptional: up to 2 players) · · · · · · · · · · · · · · · · · · ·		
PLAYER 5 NAME			
		USCF ID NUMBER (IF APPLICABLE)	Grade
PLAYER 6 NAME			
		USCF ID NUMBER (IF APPLICABLE)	Grade
COACH OR PARENT IN CHARGE			
MOBILE PHONE	EMAIL ADDRESS		
 By signing this form, I certify: The playing order represents the of each player. I understand the rules of team ch www.scichess.org. 	e relative strength		