

STICK IT TO CANCER 2024
TEAM ROSTER

TEAM NAME: _____ COED _____ WOMEN _____

TEAM CAPTAIN: _____ PHONE: _____

NAME

LEVEL OF PLAY

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____

WAIVER: By signing this form, the team captain, parent of a minor, on behalf of the team, releases the sponsor(s) of the 2024 Stick it to Cancer tournament, City of Marquette and all concerned any liability for injury or accident while traveling or playing in this said tournament.

captain _____
signature/date: _____

parent _____
signature/ date: _____