



# ATA Team Sparring Roster



This roster must be completed and turned in to the Regional Tournament Team Leader (RTTL) overseeing the tournament on the FRIDAY @ 8:00AM before the tournament.

Tournament: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SPARRING

COMBAT SPARRING

Rookies (12 & under)

Junior Varsity (14 & under)

Varsity (17 & under)

Elites (18-39)

Legends (40 & up)

Team Name: \_\_\_\_\_

Region: \_\_\_\_\_

State: \_\_\_\_\_

Team ID Number: \_\_\_\_\_

Head Coach: \_\_\_\_\_

HEAD COACH EMAIL: \_\_\_\_\_

## COMPETITOR INFORMATION

	COMPETITOR NAME	ATA NUMBER	SCHL #	GENDER M/F	STARTER / ALTERNATE	TOURNAMENT AGE	COMP. D.O.B.
1							
2							
3							
4							
5							



REGIONAL TOURNAMENT TEAM LEADER USE ONLY



Received before the deadline?  Yes  No

Certified Coach Onsite?  Yes  No

Approved to compete?  Yes  No

RTTL NAME: \_\_\_\_\_

RTTL EMAIL: \_\_\_\_\_

RTTL CELL PHONE: \_\_\_\_\_