

57th Annual Aspen Ruggerfest 2025
Tournament Roster

Club Name: _____ Coach/Manager/Contact (Print): _____

Cell Phone: _____ Email: _____

	Player Name	Date of Birth	Email	Phone #
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	Player Name	Date of Birth	Email	Phone #
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	Player Name	Date of Birth	Email	Phone #
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As the Club Representative, I verify that I checked the eligibility of my players and that each of them is in compliance with the Aspen Ruggerfest rules. I understand that if the team is found to be in violation of those regulations, the team or player will be subject to strict disciplinary sanctions that may include Aspen Ruggerfest suspension or forfeit of matches.

Name (Print): Position (i.e., coach, captain, etc.):

Cell Phone: _____ Email: _____

Signature: _____ Date: _____