49th Annual Aspen Ruggerfest 2016 Tournament Roster

	Player Name	E-mail address
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Club Name:Coach/Manager (Print):		
Cell Phone:Email:		
As the Club	Representative, I verify that I checked the eligibility of	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: _____