



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 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



RTTL NAME: _____

RTTL EMAIL: _____

RTTL CELL PHONE: _____

Received before the deadline? Yes No

Certified Coach Onsite? Yes No

Approved to compete? Yes No