
**THE NEW JERSEY BASS FEDERATION
TOP SIX TEAM TOURNAMENT
PRELIMINARY ROSTER**

THIS IS THE ONLY FORM THAT WILL BE ACCEPTED FOR ELIGIBILITY IN THE TEAM TOURNAMENT. ANY OTHER FORM WILL BE RETURNED AND CONSIDERED LATE.

THIS ROSTER MUST BE RETURNED TO THE TOURNAMENT DIRECTOR
NO LATER THAN THE DECEMBER MEETING OF THE YEAR PRECEDING THE TOURNAMENT.

PLEASE PRINT ONLY THE FOLLOWING INFORMATION:

CHAPTER NAME: _____ **DATE** _____

	NAME	FLW NUMBER	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

IF ADDITIONAL SPACE IS REQUIRED ATTACH SEPARATE SHEET.