# CREDENTIALS VERIFICATION SHEET
# DISTRICT/REGIONAL/NATIONAL

**Team Name:** _____ **Division:** _____ **Tier:** _____

**Team Manager:** _____ **Cell Phone:** _____

| Player Name/# | Roster Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | U.S. Birth Certificate | Non-U.S. Citizens: Non-U.S. Birth Certificate | Non-U.S. Citizens: Legal Residency | Non-U.S. Citizens: Transfer | Waiver of Liability *(if necessary)* | Consent to Treat | Code of Conduct |
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| | **Game Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Coaches | Level | Yr. Earned |
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**Paper IMRs are required for programs submitting hand-written rosters (non-electronic).**

**Note:** All players from the above team should be entered on this sheet. Check each block to indicate the number of games a player has played, in order of games played. **Youth:** minimum of ten (10) games for each player and minimum twenty (20) games for each team (20/10 Rule). **Girls/Women:** minimum of fourteen (14) games for each team (14/10 Rule).

Form 1-C
Rev. 3/07

**Verified by:** _____