



TEAM ROSTER CHANGE SHEET

TEAM NAME	NIGHT OF PLAY	LEAGUE
	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>	

NAME	ADDRESS	PHONE	ADD	DELETE
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1			<input type="checkbox"/>	<input type="checkbox"/>
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2			<input type="checkbox"/>	<input type="checkbox"/>
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3			<input type="checkbox"/>	<input type="checkbox"/>
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4			<input type="checkbox"/>	<input type="checkbox"/>
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5			<input type="checkbox"/>	<input type="checkbox"/>
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6			<input type="checkbox"/>	<input type="checkbox"/>
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