

Signature Roster

Sports Name: _____

Date: _____

Purpose: _____

Copy of the detailed receipt(s) required per meal

Name (Last, First)	Signature	Name (Last, First)	Signature
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	