



# MESA STATE ATHLETICS

## TEAM GUEST LIST

Team Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Event: \_\_\_\_\_

Head Coach (1): \_\_\_\_\_

Asst. Coach (2): \_\_\_\_\_

This list must be approved by MSC Game Management prior to date of event for free admission.

	Player Name	Signature at Gate
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

PLEASE FAX TO 970.248.1980 BY 5PM ON THURSDAY PRIOR TO THE EVENT YOU ARE ATTENDING

