Team Roster Worksheet

**General Manager:**

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| **Player Name** | **Position (Role)** | **Contact Information (phone numbers, email, and mailing address)** |
|  | Doctor, nurse practitioner, or physician assistant |  |
|  | Diabetes care and education specialist |  |
|  | Drug store or pharmacist |  |
|  | Foot doctor (podiatrist) |  |
|  | Dentist |  |
|  | Eye doctor (optometrist) |  |
|  | Family/friend support. For example, spouse, parent, adult child, or sibling. |  |
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