



2026 TOURNAMENT INDOOR ASSOCIATION SCHOLASTIC DIVISION ROSTER FORM

Submit to Region Coordinator as required by TIA Rules

AGE VERIFICATION: *Each unit will submit a list to the Indoor Region Coordinator to show each member's grade and a letter signed by the principal, vice-principal, or other school administrator assigned to oversee the indoor programs, verifying that all students are enrolled in the school district.*

UNIT NAME _____ (circle) DANCE, GUARD, PERCUSSION, TWIRLER, WIND,
JAZZ

SCHOLASTIC DIVISION (circle): CADET, MIDDLE, NOVICE, REGIONAL A, A, UNIVERSITY, OPEN,
WORLD

PERFORMER NAME	CURRENT GRADE LEVEL
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. _____	_____

I VERIFY ALL ABOVE INFORMATION IS CORRECT AS REQUIRED BY TIA RULES:

ADMINISTRATOR SIGNATURE: _____

ADMINISTRATOR PRINT: _____

ADDRESS: _____ CITY/ST/ZIP: _____