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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