

## YOUTH TEAM ROSTER

PRINT CLEARLY COMPLETE ALL INFORMATION RETAIN COPY FOR YOUR RECORDS

SEASON	/ YEAR

TEAM INFORMATION	l					SPORT		
SPONSORING ORGANIZATION				TEAM NAME		AGE GROUP		
HEAD COACH INFOR	PIVI A I II IIXI	This information is on Department's website.		BACKGROUND DATE				
FULL LAST NAME	FULL FIRST NAME			FULL MIDDLE NAME		NICK NAME		
FULL STREET ADDRESS				CITY		STATE / ZIP CODE		
PRIMARY PHONE NUMBER	OTHER PHONE NUM	MBER		EMAIL ADDRESS	3			
As Head Coach: I accept responsibility for the eligibility of each player listed on this roster.					OFFICIAL USE			
I have o	I have obtained a signed Player Contract for each player listed on this roster.							
I have s	I have signed and submitted a Coaches Pledge.					<u> </u>		
	HEAD COACH'S SIGNATURE DATE					F		
	HEAD COACH'S SIG							
TEAM ROSTER (Team	Rosters, Player Contra	acts and/or Player	r Add/	Drop Slips will not be accepted a	fter filing	g deadline.)		

	PLAYERS LAST NAME	PLAYERS FIRST NAME	DATE OF BIRTH	SCHOOL	GRADE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					