I.C.C.L.
OFFICIAL PLAYER ROSTER FORM

NAME OF SCHOOL_____

NAME OF TEAM_____

NAME OF COACH_____ **PHONE #**_____

SPORT._____ **BOYS**_____**GIRLS**_____

NAME OF PLAYER	DATE OF BIRTH	AGE	SCHOOL GRADE	WEIGHT	JERSEY #
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Players birthdays and ages must agree with school records and be attested to by the school principal, or parish pastor.

Signed_____ **Date**_____

School Principal or Parish Pastor

revised 24 Sep 2008