Southside Catholic Conference Roster

School_____

Year_____Grade_____Division_____Sport_____

Jersey #	Players Name	Players Address	DOB	Age	R.E.P

By signing this roster form you acknowledge that you have read, understand and agree to abide by the rules set forth by the Southside Catholic Conference:

NAME		ADDRESS	ASEP #	PHONE #	SIGNATURE
Head					
Asst.					
Asst.					

Rosters are due before the season starts. Please attach R.E.P forms to roster if applicable.

_____ _____

Pastor or Principal Sports Coordinator