Southside Catholic Conference

2017 ROSTER FORM

SCHOOL: _____

YEAR: _____ **GRADE:** _____ **DIVISION:** _____ **SPORT:** _____

JERSEY #	PLAYER'S NAME	PLAYER'S ADDRESS	D.O.B.	AGE	REP

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	PHONE #	SIGNATURE
Head Coach				
Asst.				
Asst.				

ROSTERS ARE DUE BEFORE THE SEASON STARTS. PLEASE ATTACH R.E.P. FORMS TO ROSTER IF APPLICABLE.

_____ _____

PASTOR OR PRINCIPAL *SPORTS COORDINATOR*