Team Roster

Boys: (circle one) 5th 6th 7th 8th

Girls: (circle one) 6th 7th 8th

Team strength: (weak) 1 2 3 4 5 (strong) Type of team: A-team B-team

Please Print:

Team Name: _____

Head Coach's Name: _____

Address: _____

Phone: _____ **Email:** _____

Assistant Coach Name: _____

Phone: _____ **Email:** _____

#	Name	Ht.	Grade	School