

**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 (m/d/yyyy)	AGE	SCHOOL GRADE	WEIGHT	JERSEY #

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