



# District VI-Working Roster

**Sex:** (circle) M F

**AgeGroup:** (circle)

Under 10 11 12 13 14

15 16 17 18 19

**Are youClass1?**

(asof 9/1/00)  Yes  No

TEAMNAME \_\_\_\_\_

LEAGUEOFREGISTRATION(LOR) \_\_\_\_\_

ALL 3 BOXES MUST BE FILLED OUT

COACH HOME PHONE ( )

ADDRESS WORKNUMBER ( )

CITY ZIP EMAIL CURRENTLICENSE

ASST. COACH/CONTACT HOMEPHONE ( )

ADDRESS WORK NUMBER ( )

CITY ZIP EMAIL CURRENTLICENSE

MANAGER/CONTACT HOME PHONE ( )

ADDRESS WORK NUMBER ( )

CITY ZIP EMAIL

## PLAYERROSTERINFORMATION

(Pleasecirclebirthdate ofoldestplayer)

FAX NUMBER ( )

	NAME	ADDRESS	HOMELEAGUE	BIRTHDATE Month/Day/Year
1.				
2.				
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