

GlenOak Weekender Series Team Roster Form



Team Name: _____

Age Group: _____

Manager Name: _____

Cell Phone: _____

Assistant Coach 1: _____

Cell Phone: _____

Assistant Coach 2: _____

Cell Phone: _____

#	Player Name	Date of Birth	School	Grad Year

NOTE: Please fill out and email to sbroom@staffing.net or turn into concession stand before first game