



Form
6145.2(f)

TEAM ROSTER

LEAGUE:	SPORT:	PARISH/SCHOOL:	
COACH'S NAME:	ADDRESS:	PHONE:	E-MAIL:
ASSISTANT COACH'S NAME:	ADDRESS:	PHONE:	E-MAIL:

BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> GRADE: 5 TH <input type="checkbox"/> 6 TH <input type="checkbox"/> 7 TH <input type="checkbox"/> 8 TH <input type="checkbox"/>	TEAM NAME:	TEAM COLORS:			
	PLAYER'S NAME:	PLAYER'S ADDRESS:	BIRTH DATE:	SCHOOL:	GRADE:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

To the best of our knowledge, all players listed conform to all eligibility rules, all coaches have satisfied the certification requirements, and the team and the athletic program at the parish/school are in compliance with all current Archdiocese of Milwaukee Policies & Procedures for Athletics.

SIGNATURE OF COACH:	DATE:	SIGNATURE OF ATHLETIC DIRECTOR:	DATE:
SIGNATURE OF PASTOR/PRINCIPAL:	DATE:	SIGNATURE OF DRE/CYF DIRECTOR:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.