



South Florida Sports League Inc.
OFFICIAL TEAM ROSTER
ALL INFORMATION MUST BE TYPE

TEAM NAME:		HEAD COACH NAME:	
TEAM JERSEY COLOR:	CARD COLOR:	AGE GROUP:	DATE REGISTERED: / / 2010

*	J#	NAME (Last, First) <small>Complete Name: Last Name then First Name</small>	ADDRESS-Street, Apt#, City, Zip	PHONE	D/O/B <small>MM/DD/YYYY</small>	SCHOOL
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

I HAVE REVIEWED ALL THE ABOVE PLAYERS: _____, _____
HEAD COACH'S SIGNATURE
PRINT HEAD COACH COMPLETE NAME

I certify that above information is true and accurate on each and every player. If any of the above information is falsified on purpose, by accident, by the parents, omitted or by a typo the coach and the TEAM will forfeit every game the player played in and not be allowed to participate in the play-off!

* ENTER APPROPRIATE ABBREVIATION AT WEIGH IN:

1. **OK** = MADE WEIGHT 2. **OW** = OVERWEIGHT 3. **NS** = NO SHOW 4. **INJ** = INJURED PLAYER
 5. **DP** = DISCIPLINED 6. **L** = LATE

DATE: _____ TEAMS: _____ VS _____