

GASTONIA PARKS & RECREATION DEPARTMENT OFFICIAL YOUTH SPORTS ROSTER



SPORT: _____ AGE GROUP: _____ YEAR: _____

TEAM NAME: _____ SPONSOR: _____

SPONSOR ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

.....
HEAD COACH: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ H) PHONE: _____ W) PHONE: _____

ASSISTANT COACH: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ H) PHONE: _____ W) PHONE: _____
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PLAYERS NAME	ADDRESS (Please include City, State & Zip)	BIRTHDATE	GRADE	AGE	PHONE
1.					
2.					
3.					
4.					
5.					
6.					
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20.					
21.					
22.					

COACHES SIGNATURE CERTIFYING THAT THE ABOVE INFORMATION IS CORRECT: _____

DATE ROSTER ACCEPTED: _____ ACCEPTED BY: _____