I.C.C.L
OFFICIAL PLAYER ROSTER FORM

Name of School _____
Name of Team _____
Name of Coach _____ Phone # _____
_____ Phone # _____

Name of Player	Date of Birth	Age	School Grade	Weight	Jersey #

Players' birthdays and ages must agree with school records and be attested to by the school principal or parish pastor.

Signed _____ Date _____
School Principal or Parish Pastor