

2010 LGFPA Roster

Team Name: _____

League: _____

For the player to be eligible a parent/guardian is required to sign the roster

PLAYERS

	<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>Phone</u>	<u>Date of Birth</u>	<u>Age as of 5/1/10</u>	<u>EMAIL ADDRESS</u>	<u>Parent's Signature</u>
1					Ks						
2					Ks						
3					Ks						
4					Ks						
5					Ks						
6					Ks						
7					Ks						
8					Ks						
9					Ks						
10					Ks						
11					Ks						
12					Ks						
13					Ks						
14					Ks						

COACHES

	<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>Cell Phone</u>	<u>Adult Shirt Size</u>	<u>EMAIL ADDRESS</u>
<u>Head</u>					Ks				
<u>Asst</u>					Ks				
<u>Asst</u>					Ks				

Team Payment: Deposit \$ _____ Date: _____

 Remaining
 Payment \$ _____ Date: _____

 Paid in Full \$ _____ Date: _____