

## 2021 SWOYFL ROSTER FORM

Team: \_\_\_\_\_ Grade: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Team Mom: \_\_\_\_\_ Phone Number: \_\_\_\_\_

	PRINT Name (First Name Last Name) Must Match State ID	Jersey #	Birthdate Format (01-01-05)	Official SWOYFL Use Only			
				RC	ST ID	WT	Ball Carrier Y/N
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Official GOYFC Use Only	
Roster Certified By	
_____	_____
PRINT	SIGN