GAME PARTICIPANT LIST

U9 & Below

	-)			
		Date:	_ Tir			cation:	
Team Name:			_	Team Nar	me:		
Jersey #	Player Name (Please Print)			Jersey #		Player Name (Please Print)	
					_		
			_ 				
Bench Staff		Name (Please Print)		Bench St	:aff	Name (Please Print)	
Coach	_			Coach			
Trainer			-	Trainer			
Manager Asst. Coach/Trainer			-	Manager	ıch/Trainer	_	
Asst. Coach/Trainer			-		ich/Trainer		
The Game Participa		ust be completed prior to th h staff on the team's approv		t of each m	nodified-ga	ame.	
Referee Name (Please F	Print)				НСОР#		
Referee Name (Please Print)					HCOP#		
ree Notes:							
Forward Completed C	Copies to:					_	