I.C.C.L
OFFICIAL PLAYER ROSTER FORM

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

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