PLEASE PLACE PLAYERS
IN ALPHABETICAL ORDER

B.C.Y.F.A. Roster

TEAM NAME _____

Please Circle Age Group
AGE: 7-8 yrs 9-10 yrs 11-12 yrs

Jersey #	Player's Name	Weighed-In	Exceeds Limit	AGE	D.O.B.

***** Place Players in Alphabetical Order *****

Coach Initials:_____

HEAD COACH: _____
PHONE NUMBER:_____

League Official Initials: _____