2009 Metro Team Roster

League _____ Parish/School _____

Team Name _____ Team Colors _____

Circle Team Information Below:
Boys or Girls 5th 6th 7th 8th

Head Coach Name _____ Assistant Coach Name _____
Address _____ Address _____
_____ _____
Phone _____ Phone _____
Cell _____ Cell _____
Email _____ Email _____

	Players Name	Address	City/Zip Code	Birth Date	School	Was the player on the team last year?
1)						Yes or No
2)						Yes or No
3)						Yes or No
4)						Yes or No
5)						Yes or No
6)						Yes or No
7)						Yes or No
8)						Yes or No
9)						Yes or No
10)						Yes or No
11)						Yes or No
13)						Yes or No
14)						Yes or No
15)						Yes or No

To the best of our knowledge, all players listed confirm to all eligibility rules. All coaches have satisfied the certification requirements, and the team and athletic program at the school/parish are in compliance with all current Archdiocese of Milwaukee policies and procedure for Athletics.

_____ _____ _____ _____
Coach's Signature Date Athletic Director Signature Date

_____ _____ _____ _____
Pastor/Principal Signature Date DRE/CYF Director Signature Date