

# PARKVIEW ROSTERS

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

	<u>Plaver Name</u>	<u>Address</u>	<u>Birth Date</u>	<u>School Attending</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

"We certify that each team member listed above has written parental permission to play in the Parkview Parochial League, that each member is within the age limit and is eligible to play under leaguerules and that any CCD students are actively involved in the Parish CCD Program."

Principal and/or Pastor \_\_\_\_\_ Date \_\_\_\_\_ CCD Program Director \_\_\_\_\_ Date \_\_\_\_\_