CGSAA ROSTER
4^{TH}, 5^{TH}, 6^{TH}, 7^{TH}, 8^{TH}, GRADES
ENTRY FORM/ROSTER

School:_____

Team Name:_____
(identify by color designation if sending more than one team in a given division)

Circle One: Boys Girls Division Circle One: 4^{th} 5^{th} 6^{th} 7^{th} 8^{th}

Player Name	Grade	Uniform #	Date of Birth	School

Head Coach_____ Home #_____ Work #_____

Coaches Address_____ E-Mail_____

_____

Asst Coach _____ Home #_____ Work #_____

I hear by certify that the above players are currently attending our school and that the date of birth for each player is correct. (All players must attend the school and have the schools permission to play.)
Any transfers must have a Request for Transfer form signed and filled out and must be enrolled at a member CGSAA School and approval of the CGSAA.

Principal / Administrator