

# OFFICIAL ROSTER



Team Name: \_\_\_\_\_ Age \_\_\_\_\_ A or B \_\_\_\_\_

City/State: \_\_\_\_\_ Year: \_\_\_\_\_

NAFA Membership Number: \_\_\_\_\_ Year: \_\_\_\_\_

	Player's Name	Address	City/State	Zip	Phone	Date of Birth*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

\*Jan1 of current year - NAFA age cut-off date.

## Team Personnel

	Name	Address	City/State	Zip	Phone
Head Coach:					
Coach:					
Coach:					
Coach:					

Email: \_\_\_\_\_ Name: \_\_\_\_\_