



South Florida National Youth Football League OFFICIAL TEAM ROSTER



CLUB:		HEAD COACH:			
ROSTER #	2013	WEIGHT:	DATE REGISTERED: / /		

*	J#	NAME (Last, First)	ADDRESS-Street, Apt#, City, Zip	PHONE	D/O/B	SCHOOL

I HAVE REVIEWED ALL THE ABOVE PLAYERS: _____ , _____
 HEAD COACH'S SIGNATURE PARK COMMISSIONER'S SIGNATURE

* ENTER APPROPRIATE ABBREVIATION AT WEIGH IN:
1. **OK** = MADE WEIGHT 2. **OW** = OVERWEIGHT 3. **NS** = NO SHOW 4. **INJ** = INJURED PLAYER
5. **DP** = DISCIPLINED 6. **L** = LATE

DATE: _____ TEAMS: _____ VS _____

CHANGE OF JERSEY FOR THIS GAME: FROM # _____ TO # _____

CHANGE OF JERSEY FOR THIS GAME: FROM # _____ TO # _____