



St. Christopher School
Middle States Accredited

SPORTS TEAM ROSTER

School _____

Principal _____ Coach _____

Address _____

City/Town/Zip _____

Phone _____

SPORT _____

(note girls, boys or co-ed)

<u>Student</u>	<u>Grade</u>	<u>Date of Birth</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

**LEAGUE FEES AND ROSTER MUST BE SUBMITTED
BEFORE TEAM IS SCHEDULED FOR COMPETITION**