

ASSOCIATION	
LEAGUE	NYFCL
TEAM NAME	
TEAM COLORS	

NITTANY YOUTH FOOTBALL AND CHEER LEAGUE

SEASON	2009
ROSTER TYPE	
AGE / WEIGHT DIVISION	

FOOTBALL TEAM ROSTERS

STAFF INFORMATION												
STAFF	LAST NAME	FIRST NAME	ADDRESS	CITY	ST	ZIP	TELEPHONE	E-MAIL ADDRESS	CLINIC	BGC		
HEAD COACH					PA							
ASST COACH					PA							
ASST COACH					PA							
ASST COACH					PA							
ASST COACH					PA							
ASST COACH					PA							
COACH TRAINEE					PA							
EQUIP MANAGER					PA							
TRAINER					PA							
TEAM PARENT					PA							
ADMINISTRATOR					PA							

PARTICIPANT INFORMATION													
	DAC	JER	LAST NAME	FIRST NAME	ADDRESS	CITY	ST	ZIP	TELEPHONE	DOB	OL	WT	EXP
1							PA						
2							PA						
3							PA						
4							PA						
5							PA						
6							PA						
7							PA						
8							PA						
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24							PA						
25							PA						
26							PA						
27							PA						
28							PA						
29							PA						
30							PA						

CERTIFICATION :

SIGNATURE OF ASSOCIATION OFFICIAL : _____ DATE : _____

SIGNATURE OF VERIFICATION OFFICIAL : _____ DATE : _____

SIGNATURE OF LEAGUE OFFICIAL : _____ DATE : _____

All information herein has been personally checked and is true to the best of our information and belief.

