



GASTONIA PARKS & RECREATION DEPARTMENT OFFICIAL YOUTH SPORTS ROSTER

SPORT: _____ AGE GROUP: _____ YEAR: _____

TEAM NAME: _____ SPONSOR: _____

HEAD COACH: _____ ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

H) PHONE: _____ W) PHONE: _____ EMAIL: _____

ASSISTANT COACH: _____ ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

H) PHONE: _____ W) PHONE: _____ EMAIL: _____

	PLAYER NAME	ADDRESS (Include City, State & Zip)	E-mail Address	BIRTHDATE	GRADE	AGE	PHONE
1							
2							
3							
4							
5							
6							
7							
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11							
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20							

COACHES SIGNATURE CERTIFYING THAT THE ABOVE INFORMATION IS CORRECT: _____

DATE ROSTER ACCEPTED: _____ ACCEPTED BY: _____

Sport: _____ Age Group: _____
 Season: _____ Team Name: _____