

**Team Name:**

# WNYHSCHL Roster Sheet

Jersey #	Print Clearly or Type Name	D.O.B.	Address	Zip	School	Grade	AAU #	Signature

Coaching Staff:		Phone #	Address	Zip	Level	Card #	AAU #	State Stamp/Signature
Head								
Asst.								
Asst.								
Asst.								
Asst.								
Asst.								
Mgr.								