BREVARD COUNTY YOUTH FOOTBALL & CHEERLEADING ASSOCIATION
2008 OFFICIAL ROSTER

LEAGUE NAME: _____ **DIVISION:** _____ **TEAM NAME (#)** _____

MAXIMUM WEIGHT: _____ **PLAYDOWN WEIGHT:** _____ **OPPONENT:** _____

JERSRY NUMBER	NAME OF ATHLETE (LAST NAME, FIRST NAME, MI) PRINT OR TYPE CLEARLY	PLAYDOWN (X) LIST FIRST	DOB (MM/DD/YY)	LEAGUE AGE (08/01/08)	ROSTER VERIFICATION SIGNATURE	GAME DAY WEIGHT-IN (INTIALS)	CARD PUNCHED (INTIALS)

HEAD COACH: _____ PHONE :_____DATE: _____

LEAGUE OFFICIAL: _____ **(NORTH/SOUTH) TACKLE AGENT:** _____
(PRESIDENT, V. PRESIDENT, TACKLE DIRECTOR SIGNATURE)

VERIFIER NAME: _____ **DATE CHANGED:** _____

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