

# **NISQUALLY JR FOOTBALL LEAGUE 2019**

## **GAMEDAY ROSTER APPROVAL FORM**

DATE: \_\_\_\_\_ GAME START

TIME: \_\_\_\_\_

FIELD: \_\_\_\_\_

HOME TEAM NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

HEAD COACH NAME: \_\_\_\_\_

AWAY TEAM NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

HEAD COACH NAME: \_\_\_\_\_

**\*\*All teams are required to provide a printed paper copy of their roster to the other team prior to game time (at roster check). If no paper copy is available offending team will automatically forfeit said game. Game may still be played but will not count.**

WE CERTIFY THAT WE HAVE CORRECTLY VERIFIED BOTH THE AWAY AND HOME

TEAM ROSTERS AND ARE SATISFIED ALL JERSEY #S, PLAYER INFORMATION AND WEIGHT LIMITS HAVE BEEN PROPERLY IDENTIFIED. WE AGREE THAT ALL INFORMATION IS SATISFACTORY AND THE GAME IS PLAYABLE WITHOUT DISPUTE.

HOME TEAM HEAD COACH: (PRINT NAME) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

AWAY TEAM HEAD COACH: (PRINT NAME) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

GAME END TIME: \_\_\_\_\_

FINAL SCORE HOME: \_\_\_\_\_ AWAY: \_\_\_\_\_