

METROPLEX YOUTH FOOTBALL ALLIANCE 2020 OFFICIAL TEAM ROSTER FORM

Town: _____	Head Coach: _____	Phone: _____
Team #: _____	Asst. Coach: _____	Phone: _____
<input type="checkbox"/> 1st & 2nd Grade	Asst. Coach: _____	Phone: _____
<input type="checkbox"/> 3rd Grade <input type="checkbox"/> 5th Grade	Asst. Coach: _____	Phone: _____
<input type="checkbox"/> 4th Grade <input type="checkbox"/> 6th Grade	Asst. Coach: _____	Phone: _____

Paperwork Verified by: _____	From: _____	Date: _____
Team Percentage Verified by: _____	From: _____	Date: _____

Jer. #	PLAYER NAME	#	COMPLETED BY HEAD COACH				COMPLETED BY MYFA		
			DOB	Age	Grade	**PRD**	Photo	Weight	B.C.
		1							
		2							
		3							
		4							
		5							
		6							
		7							
		8							
		9							
		10							
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		29							
		30							
		31							
		32							
		33							

Original of this form is kept by MYFA. 1 copy kept by the Head Coach in team book & 1 by local association.

* PLAYERS ARE TO BE LISTED IN NUMERICAL ORDER BY THEIR JERSEY NUMBERS.

** "LI" = Live In. "ATT" = Attends. "SC + DATE" = Special Consideration. "RP" = Return player who does not LI or ATT.

** "NRP" = Player new to BVFA or NCT, never certified previously and does not meet the LI or ATT requirements.**