

NISQUALLY JR FOOTBALL LEAGUE
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: _____