SWCSA Playoff Roster ** <u>Due April 30</u> ** Fax to Cindy Serio: (312) 601-0058

School

Team Name: Division: # Name Last Name Grade School/Rel Ed Signature					
#	Name	Last Name	Grade	School/Rel Ed	Signature
Playoff limit	s 3 coaches to sidelines	l	1	1	
Head Coach: Asst Coach: Asst Coach:					
I verify that the above players are enrolled in school/Religious Ed at the aforementioned parish for the current school year.					
Total and above project and emember in senious, nongrous to an emember parism for the current senious year.					
Principal / Religious Ed. Signature:					
	Conflict Dates (write in dates)	_			
Paris	sh Coordinator Signature:				
	-				
Graduation Data(s):					
Graduation Date(s):					