Southside Catholic Conference Official Football Roster

				PAGE		OF		
PARISH			24-5					
SCHOOL:			DATE	•				
GRADE:								
					1st	2nd		Played
		T			WEIGH-IN	WEIGH-IN	REP/CCD	Last Year
JERSEY #	LAST NAME	FIRST NAME	ADDRESS	BIRTHDATE	WEIGHT	WEIGHT	Y/N	Y/N
COACH	LAST NAME	FIDST NAME	E MAIL ADDRESS		DUONE	4 (c)		
COACH	LAST NAME	FIRST NAME	E-MAIL ADDRESS		PHONE	Ŧ (S)		
Head Asst.								
Asst.								
Asst.								
Asst.								
Parish REP	Ī							
Director:								
		<u> </u>						
	Head Coach Signature:				Date:			
Pastor or Principal Signature:								
Pa	astor or Principal Signature:	1			Date:			