

7on7 Flag Football Roster

Coach's name _____ Contact Number _____

Email _____

Today's date _____ League affiliation: _____

Grade division: **1** **2** **3** **4** **5** **6** **7** **8**

Please pick a name for your team and first choice of shirt color. **Color is not guaranteed.**

Name of team: First choice _____ Shirt color: _____

Second choice _____ Shirt color: _____

Available to play on: Sunday Tuesday Wednesday Thursday

Player's name	Grade	T-shirt Size							
1 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
2 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
3 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
4 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
5 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
6 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
7 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
8 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
9 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
10 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
11 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
12 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
13 _____	_____	YS	YM	YL	AS	AM	AL	AXL	
14 _____	_____	YS	YM	YL	AS	AM	AL	AXL	

Please scan and email to springfielddyouthfootball@hotmail.com or mail to 197 Golf Road, Springfield, 62704