

# Saginaw Youth Sports Program Team Roster

Return to:

**Saginaw Public Schools' Community Education Department**

Please Check the Appropriate Box

School / Team \_\_\_\_\_

Coach \_\_\_\_\_

Coach's Address \_\_\_\_\_

Best to call

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Pager/Cell \_\_\_\_\_

<b>Touch Football</b> <input type="checkbox"/> Gr. 2 & 3 <input type="checkbox"/> Gr. 4 & 5 <input type="checkbox"/> Gr. 6	<b>Girls Basketball</b> <input type="checkbox"/> Gr. 2 & 3 <input type="checkbox"/> Gr. 4 & 5 <input type="checkbox"/> Gr. 6	<b>Boys Basketball</b> <input type="checkbox"/> Gr. 2 & 3 <input type="checkbox"/> Gr. 4 & 5 <input type="checkbox"/> Gr. 6
<b>Floor Hockey</b> <input type="checkbox"/> Gr. 2 & 3 CoEd <input type="checkbox"/> Gr. 4 & 5 Boys <input type="checkbox"/> Gr. 4 & 5 Girls <input type="checkbox"/> Gr. 6, 7 & 8 Boys <input type="checkbox"/> Gr. 6, 7 & 8 Girls	<b>Soccer</b> <input type="checkbox"/> Gr. K & 1 CoEd <input type="checkbox"/> Gr. 2 & 3 CoEd <input type="checkbox"/> Gr. 4 & 5 CoEd <input type="checkbox"/> Gr. 6, 7 & 8 CoEd	<b>Volleyball</b> <input type="checkbox"/> Gr. 3, 4 & 5 <input type="checkbox"/> Gr. 6 <b>Softball</b> <input type="checkbox"/> Gr. 4 & 5 CoEd

The School Office has reviewed this roster.

Signature \_\_\_\_\_

#	First Name	Last Name	Grade	Address	Phone
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