



D.S.L. Player Eligibility Roster for Fall 2020 Tournament

School: _____

Team Name: _____

Coach Name: _____

Varsity, JV, or Developmental: _____

Grade(s) of Team: _____

Name of Student	Grade	Jersey # If Applicable
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

This is to certify that the above listed students attend our grade school and are in the grades listed and have been rostered in the DSL league on or before the fourth game.

Coach Signature: _____