



OFFICIAL TEAM ROSTER & SUBSTITUTION FORM

5th & 6th
GRADE

Parish OR School		Grade	
Head Coach		Assistant Coach	
Game Date & Time		Game Location	

Please provide your roster in ascending order of uniform number

TEAM ROSTER							
	#	Player (Last Name, First Name)	DOB	Grade	Game 1	Game 2	Game 3
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Coach: Please complete the game roster and submit to the scorekeeper at least 10 minutes before the match.

Scorekeeper: Please mark an x in the column which corresponds to the segment for which the player enters the game. Refer to CMVL League Rules for rules regarding substitutions.

I certify that this team was selected according to the rules set forth by the Catholic Metro Volleyball League.

Coach Signature: _____

