



# OFFICIAL TEAM ROSTER & SUBSTITUTION FORM

**7th & 8th  
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
					Seg 1	Seg 2	Seg 1	Seg 2	
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: \_\_\_\_\_

