DEKALB COUNTY SOCCER ROSTER

SCHOOL_____

BOYS OR GIRLS TEAM (Please circle team)

B-TEAM COACH_____

COACHB-TEAM COACH FILL OUT <u>COMPLETELY</u> ALL COLUMNS							
JERSEY NUMBER	NAME	CHECK IF RETURNING STARTER	POSITION	HEIGHT	WEIGHT	YEAR SO/JR/SR	CHECK IF COLLEGE PROSPECT
							
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LIST ADDITIONAL PLAYERS AND REQUIRED INFORMATION ON BACK OF SHEET OR ON ANOTHER PIECE OF PAPER. PLEASE **PRINT** INFORMATION. LIST NUMERICALLY BY JERSEY NUMBER. RETURN TO CHRIS CHILTON—ATHELTICS OR FAX TO 678-676-1829