

Botetourt County Parks and Recreation Department YOUTH SPORTS ROSTER FORM

YEAR _____

BOOSTER CLUB: Blue Ridge TDAC Buchanan Cloverdale Eagle Rock Fincastle Greenfield

SPORT: Basketball Football Softball
 Baseball Soccer Cheerleading

DIVISION: _____
 girls boys

TEAM NAME: _____

Head Coach	Street	City, State, Zip	Daytime Phone	Evening Phone	Email:

Assistant(s) Coaches:	Street	City, State, Zip	Daytime Phone	Evening Phone	Email

Players Full Name (First,Middle,Last)	Address	City, ZIP	Phone	School	Age	Birthdate <small>mm/dd/year</small>
example Mark Wayne Moore	30 West Back Street	Fincastle, 24090	(540) 473-8326	RMMS	10	01/01/1996
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PLEASE MAKE SURE THE FOLLOWING ITEMS ARE COMPLETED:
Coaches information is filled out completely. (This includes phone and email address)