

KEYSTONE STATE YOUTH FOOTBALL LEAGUE - OFFICIAL

Organization: _____

Field Address: _____

Weight Group: _____ **Head Coach:** _____

LIST ALL PLAYERS IN NUMERICAL ORDER.
REGULARS FIRST, THEN SKIP A LINE, SPECIALS SECC
VARSITY ROSTER ONLY

	<i>Jersey #</i>	<i>Name</i>	<i>Registration No.</i>	<i>D.O.B.</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
		SPECIALS		
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Roster_Fr

32				
33				
34				
35				
36				
37				
38				
39				
40				

SEE OVER

Roster_Fr

ROSTER INFORMATION

COACHING STAFF

	<i>NAME</i>	<i>PHONE</i>
1		
2		
3		
4		
5		
6		

TEAM PARENTS

1		
2		
3		
4		

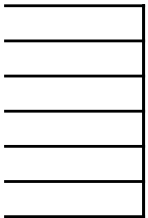
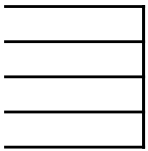
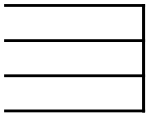
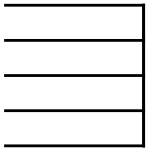
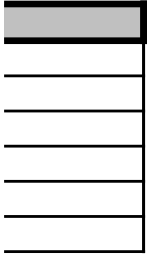
WEIGH-IN PERSONS

1		
2		
3		

MEDICAL PERSON(S)

1		
2		
3		
4		

REMARKS



KEYSTONE STATE MIDGET FOOTBALL LEAGUE

ORGANIZATIONAL INFORMATION

Organization:

Nickname:

Field Address:

Field Phone No:

KSL Rep. Name:

Phone No.:

Alt Rep. Name:

Phone No.:

President Name:

Phone No.:

	Home Uniform Colors		Away Uniform Colors	
	Jersey	Helmet	Jersey	Hel
55lb.				
65lb.				
75JV.				
75lb.				
90lb.				
105lb.				
125lb.				

Game Time Requests

	Friday	Saturday	Sunday
55lb.			
65lb.			
75JV.			
75lb.			
90lb.			
105lb.			
125lb.			

Note: Do not schedule any games prior to 9:00 AM or after 9:00 PM

met

FIELD RESTRICTIONS

ARE LIGHTS AVAILABLE? YES NO (CIRCLE ONE)

SCALE LOCATION: _____

PUBLIC PHONE: YES / NO RESTROOMS: YES / NO SNACK BAR: YES / NO

WHAT PROVISION IS MADE FOR THE VISITING TEAM IN THE EVENT OF INCLEMENT WEATHER?

NOTE: SCHEDULING COMMITTEE WILL SCHEDULE DESIRED TIMES IF AT ALL POSSIBLE

NOTE: USE THIS SPACE FOR ANY OTHER INFORMATION YOU WISH TO ADD

VE)

ATHER?

BLE.

[Redacted]
