HUDSON VALLEY SPORTSDOME

THE HUDSON VALLEY'S PREMIER SPORTS FACILITY

FLAG FOOTBALL TEAM ROSTER

TEAM NAME:_____

DIVISION:_____

COACH/CAPTAIN NAME:_____

Phone Number:_____

(Maximum Team Roster 16 & Minimum Team Roster is 14)

ROSTER IS FROZEN AFTER THE 3rd GAME of the SESSION

I agree not to add any player to the Roster without notifying management prior to player taking the field. I agree not to allow anyone not on this Roster to take the field.

_____

Coach/Captain Signature *Date*

PLAYERS: **(T-Shirt sizes: Youth S, M, L, Adult S, M, L, XL, 2XL, 3XL)**

	Name	Birth Date	Age	T-Shirt Size
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				