CATHOLIC YOUTH COUNCIL ADULT DIVISION SUPPLEMENTAL ROSTER

TEAM NAME_____

SPORT_____ DIVISION_____ DATE SUBMITTED_____

ADDITIONS TO ORIGINAL ROSTER. PLAYERS ON SUPPLEMENTAL ROSTER MAY PLAY TEN DAYS FROM DATE ROSTER IS RECEIVED, WITHOUT AND ID CARD.

PLAYERS SIGNATURE	PRINT FULL NAME	ADDRESS	ZIP CODE	D.O.B.

WITHDRAWALS (DROPPED FROM ROSTER)

PRINT FULL NAME	ADDRESS	ZIP CODE	D.O.B.

NOTE: Managers are to submit this form to the CYC Sports Department, 20 Archbishop May Drive, St. Louis, MO 63119. Enclose a self addressed, stamped envelope and a copy will be receipted and returned. NO PLAYERS MAY BE ADDED AFTER THE SIXTH GAME PLAYED.

MANAGERS SIGNATURE_____ADDRESS_____ZIP_____PHONE_____

ROSTER APPROVED BY_____DATE_____ NO. OF PLAYERS_____