

**2024 SRAA Team Roster**

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| School Name: |  |
| Team Name: |  |
| Name of Head Coach: |  |

 **Team Roster:**

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| Student Name |  | Grade |  | Date of Birth |  | Gender (M/F) |
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*\*For larger rosters you may duplicate this form*

I certify that all the above listed are bona-fide students in regular attendance and that their scholastic eligibility meets the requirements of this school. I further certify that, to the best of my knowledge, the birth dates and school years listed above are correct.

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| Principal/Head Signature\*\*: |  | Date: |  |
| Principal/Head Name: |  |
| Address of School: |  |
| Phone No: |  | Email: |  |

\*\**Principal/Head signature needs to be signed NOT stamped*

**Please send the completed team rosters to** **SRAA.rosters@gmail.com****. The deadline for submission is April 15, 2024**

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| Student Name |  | Grade |  | Date of Birth |  | Gender (M/F) |
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| Student Name |  | Grade |  | Date of Birth |  | Gender (M/F) |
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