2024 SRAA Team Roster

School Name: _____
Team Name: _____
Name of Head Coach: _____

Team Roster:

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

**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.

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