# Nassau County P.A.L. Youth Lacrosse

**Return Roster to your Director for his approval. If roster is illegible it will be returned to you**

**Roster Must Be Typed**

## 2010 ROSTER

**This Roster Format Must Be Used**

**Please Check Box**

☐ **BOYS**

☐ **GIRLS**

Community: _____ Division: _____ Shirt Color: _____

Address: _____ City: _____ Zip: _____

Coaches Name: _____ Phone#: _____ e-mail: _____

Directors Name: _____ Phone#: _____ e-mail: _____

**Check Grade Level Box for this roster** ☐ **3rd & 4th** ☐ **5th & 6th** ☐ **7th & 8th** ☐ **3rd** ☐ **4th** ☐ **5th** ☐ **6th**

| Players Name | Home Address & Zip | Phone# | DOB | Age | Years Playing | Grade | Birth Cert. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**Directions to Fields:** _____