WAXAHACHIE SPORTS COMPLEX TEAM ROSTER



leam Name:	
Coach:	
Address:	
City, Zip:	Home Phone:
Work Phone:	Cell Phone:
Asst. Coach:	Home Phone:
Work Phone:	_ Cell Phone:
PLAYERS NAME (print or type) 1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

Church Official Signature: