CSAL

CHARTER SCHOOL ATHLETIC LEAGUE
SEASONAL INTERSCHOLASTIC ATHLETICS TEAM ROSTER

A. School _____

B. School Year _____

C. Sport or Activity _____

D. Total Athletes plus cheerleading participants (grand total of column 7 for all pages) _____

E. Total Athletes (grade 6-8, grand total of column 8 of all pages) _____

(1) Name of Student (First Last or Last, First)	(2) Uniform Number (if applicable)	(3) Birth Date	(4) Sex M or F	(5) Current Class in School	(6) School Year of First Promotion from Grade Five	(7) This grade 6-8 student participated in a CSAL sport last year ("X") or in cheer at any level ("C")	(8) This grade 6-8 student has no CSAL experience but has participated in organized athletics ("X")
Column Totals for this page							

This is page - _____ of _____

_____ _____

Principal's Signature Date