

CHSFL ROSTER CHANGE FORM

SCHOOL _____ DATE _____

LAST NAME FIRST NAME YR POS HT WT DOB DOE

CHECK ONE

CIRCLE ONE

- | | | | | |
|--------------------------|---------------|-------------|----|---------|
| <input type="checkbox"/> | ADDITION | FRESHMAN | JV | Varsity |
| <input type="checkbox"/> | MOVE TO | FRESHMAN | JV | Varsity |
| <input type="checkbox"/> | DELETION | FRESHMAN | JV | Varsity |
| <input type="checkbox"/> | NUMBER CHANGE | NEW # _____ | | |

HEAD COACH _____

ATHLETIC DIRECTOR _____

COMMENTS _____

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