DEKALB COUNTY LACROSSE ROSTER

SCHOOL_____ **BOYS** OR **GIRLS** TEAM **(Please circle team)**

COACH_____ B-TEAM COACH_____

FILL OUT **COMPLETELY** ALL COLUMNS

JERSEY NUMBER	NAME	CHECK IF RETURNING STARTER	POSITION	HEIGHT	WEIGHT	YEAR SO/JR/SR	CHECK IF COLLEGE PROSPECT

LIST ADDITIONAL PLAYERS AND REQUIRED INFORMATION ON BACK OF SHEET OR ON ANOTHER PIECE OF PAPER. PLEASE **PRINT** INFORMATION. LIST NUMERICALLY BY JERSEY NUMBER. **RETURN TO CHRIS CHILTON—ATHELTICS OR FAX TO 678-676-1829**