CCS FOOTBALL TEAM INFORMATION/ROSTER

(DUE TO CCS BY NOVEMBER 1st)

California Interscholastic Federation
Central Coast Section
Governance of H.S. Athletic Programs from San Francisco to King City

SCHOOL NAME_____ **LEAGUE**_____

IN ORDER TO BE INCLUDED IN THE CCS OFFICIAL FOOTBALL PROGRAM, THIS COMPLETED FORM MUST BE ***RECEIVED IN THE CCS OFFICE BY NOVEMBER 1***

SCHOOL MASCOT: _____ **HEAD COACH** _____

SCHOOL COLORS: _____ **Coach Home Phone:** _____

ENROLLMENT: _____ **Coach e-mail:** _____

PRINCIPAL: _____ **Athletic Director:** _____

ASSISTANT COACHES: _____

_____

VARSITY PLAYER INFORMATION

- Please type or print neatly so names will be spelled correctly in the program—thank you!
- Please list in numerical order

NO.	NAME (first, last)	POSITION	HEIGHT	WEIGHT	YR in SCHOOL
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
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___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____

NO.	NAME (first, last)	POSITION	HEIGHT	WEIGHT	YR in SCHOOL

This team roster form is due to the CCS Office by November 1st!

FAX: 408 – 224 – 0476 or via e-mail to: hjensen@cifccs.org