MONTEREY BAY YOUTH FOOTBALL LEAGUE
OFFICIAL TEAM ROSTER

TEAM NAME:	DIVISION OF PLAY:
HEAD COACH:	ASST. COACH:
ADDRESS:	ASST. COACH:
PHONE:	ASST. COACH:

No.	Last Name	First	Address	Phone	Birthdate	Age	Weight

No.	Last Name	First	Address	Phone	Birthdate	Age	Weight

I, AS CERTIFICATION OFFICIAL OF THE MONTEREY BAY YOUTH FOOTBALL LEAGUE, CERTIFY THAT THE ABOVE NAMED PLAYERS HAVE MET THE CERTIFICATION REQUIREMENTS OF OUR LEAGUE.

_____ DATE:_____

CERTIFICATION OFFICIAL

WE, THE WEIGH-IN OFFICIALS, CERTIFY THAT THE ABOVE NAMED PLAYERS HAVE MET THE WEIGHT REQUIREMENTS OF THE MONTEREY BAY YOUTH FOOTBALL LEAGUE.

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WEIGH-IN OFFICIAL TEAM WEIGH-IN MASTER

I CERTIFY THE ABOVE NAMED PLAYERS AND COACHES TO BE ELIGIBLE UNDER THE CONDITIONS SET FORTH IN THE RULES AND REGULATIONS OF THE MONTEREY BAY YOUTH FOOTBALL LEAGUE.

_____ DATE:_____

LEAGUE PRESIDENT