



<b>CONFERENCE NAME:</b> CENTRAL CAROLINA YOUTH FOOTBALL LEAGUE	
<b>TEAM NAME:</b>	
<b>YEAR:</b> 2015	<b>AGE DIVISION:</b>
<b>HEAD COACH:</b>	
<b>USA FOOTBALL MEMERBERSHIP #:</b>	
<b>ASSISTANT COACH:</b>	
<b>USA FOOTBALL MEMERBERSHIP #:</b>	
<b>ASSISTANT COACH:</b>	
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<b>USA FOOTBALL MEMERBERSHIP #:</b>	
<b>ASSISTANT COACH:</b>	
<b>USA FOOTBALL MEMERBERSHIP #:</b>	

	JERSEY NUMBER	PLAYER NAME	AGE	Date of Birth
1				
2				
3				
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6				
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9				
10				
11				
12				
13				
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26				
27				

I CERTIFY THAT ALL OF THE ABOVE PLAYERS MAY PARTICPANT \_\_\_\_\_  
CONFERENCE OFFICER (EXECUTIVE BOARD)

REVIEWED BY CONFERENCE OFFICER:  
DATE CERTIFIED: SEND ROSTERS TO: [ROSTERS@CCYFLNC.ORG](mailto:ROSTERS@CCYFLNC.ORG)



28				
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I CERTIFY THAT ALL OF THE ABOVE PLAYERS MAY PARTICIPANT \_\_\_\_\_

CONFERENCE OFFICER (EXECUTIVE BOARD)

REVIEWED BY CONFERENCE OFFICER:

DATE CERTIFIED:

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