# C.S.A.L. REGIONAL 2026-2027 SPORTS ROSTER

*Note: This form must be received in writing via email by your League Coordinator 2 days prior to your first game.*
*Schools may add players at any time during the regular season; email information to League Coordinator prior to noon on game day.*

Sport: _____ ___ Boys ___ Girls ___ Junior ___ Senior

School: _____ Mascot: _____ Colors: _____

Head Coach: _____ Cell #: _____

Day Phone #: _____ Night Phone #: _____Email: _____

Asst. Coaches: _____

***NO 7TH GRADER WILL BE ALLOWED TO PLAY ON A JUNIOR TEAM***

| # | Jersey # | Player | Grade | Age | Date of Birth |
|---|---|---|---|---|---|
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| 20. | | | | | |

***I certify that the above information is correct:***

***Athletic Director:*** _____ ***Principal:*** _____