

LAKE REGION CONFERENCE CHRISTIAN FELLOWSHIP LEAGUE OFFICIAL ADULT ROSTER – 2023-2024 SEASON

CHURCH _____ **TEAM NAME** _____ *Women's B'tball/Volleyball/Senior B'tball*

COACH _____ **EMAIL ADDRESS** _____ **PHONE:** _____

	<u>PLAYER'S NAME</u>	<u>DOB</u>	<u>EMAIL ADDRESS</u>	<u>CHURCH MEMBERSHIP</u>
1.				
2.				
3.				
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10.				
11.				
12.				
13.				

Pastor's/First Elder's Signature _____

A.Y. Leader's Signature _____

Church Clerk's Signature _____

If you are a player/coach, you MUST be listed as a player in addition to being recognized as the coach. Please identify your Non-Adventist players with "N/A" behind their name.