CCS SOCCER TEAM INFORMATION/ROSTER

(DUE TO CCS BY FEBRUARY 1st)

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

SCHOOL NAME_____ **BOYS**_____ **GIRLS**_____

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

DIVISION: I II III **PRINCIPAL:** _____

SCHOOL MASCOT: _____ **ATHLETIC DIRECTOR:** _____

SCHOOL COLORS: _____ **Athletic Office phone:** _____

ENROLLMENT: _____ **Coach Home Phone:** _____

HEAD COACH: _____ **e-mail:**_____

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	YR IN SCHOOL

Attach additional sheet if necessary: CCS FAX: 408-224-0476 hjensen@cifccs.org