TEXAS EAST DISTRICT 33
SPECIAL GAMES OFFICIAL ROSTER

#	Player Name	League Age	Verification Type

Coaching Staff

Role	Name	Email Address	Phone Number
Manager			
Assistant Coach			
Assistant Coach			
Assistant Coach *(JM only)*			

VERIFICATION

By my signature below, I certify that this is a true and correct roster for this team, and all players have been verified as eligible by league officials. I understand that any changes to this roster, whether players or coaches, must be done through the District Administrator.

MANAGER

Printed Name Signature Date

LEAGUE PRESIDENT

Printed Name Signature Date