GULF COAST YOUTH SPORTS ALLIANCE

Date: __ /__ /__

Park_____ **Official Certification Roster - CHEERLEADERS** Team_____

New Transf	Birth Certificate Name		Home Address (Including city and zip)	Birthdate	League Age	School	Grade
	Last Name	Names					

I have reviewed this roster and certify that it is an accurate and true document representing the players on my team

_____

Head Coach Signature