

**St. Peters Athletic Association  
Fall Roster Revision Form**

<u>Player Name</u>	<u>Birth date</u>	<u>Player Signature</u>	<u>Approved by:</u>	<u>Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Manager:** \_\_\_\_\_ **Team #:** \_\_\_\_\_

**Once your roster is approved, players should be added to your team through this form only.**

**Players may be added to this form through your 5<sup>th</sup> game of the fall season.**