

HAMBURG AREA

TEAM ROSTER

Must be submitted to my office prior to the 6th practice of the season.

SPORT: _____ **COACH:** _____

Manager(s) & Grade:

#	<u>First Name</u>	<u>Last Name</u>	<u>Grade</u>	<u>Height</u>	<u>Weight</u>	<u>Position Off</u>	<u>Position Def</u>
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#	<u>First Name</u>	<u>Last Name</u>	<u>Grade</u>	<u>Height</u>	<u>Weight</u>	<u>Position Off</u>	<u>Position Def</u>
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