PSRA Roster 2027

Team/School: _____

Head Coach's Name: _____

The following student-athletes are enrolled as fulltime students at (name of school)

_____. (For larger rosters please duplicate this document)

Must be signed by principal or head of school. Please separate rosters by gender.

Student Name	Grade	Birthdate	Gender (M/F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The below information is required.*

*Signed (**Principal or Head**): _____ Date:_____

Address of School: _____

*Phone No: _____ *Email Address: _____