

<b>Tri-State Youth Football Association - Official Weigh-In Roster</b>	<b>2024</b>
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<b>Name of Organization: (Type or print)</b>	
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<b>Grade:</b>	
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<b>Head Coach:</b>		
(Signature)		I Certify that the following is true and correct.

<b>Assistant Coaches:</b>	
<b>Jr. Coaches:</b>	

Name	Jersey #	DOB	Age	Grade	School	Weight	X

[illegible]