

**YSLETA INDEPENDENT SCHOOL DISTRICT
ATHLETICS
MIDDLE SCHOOL POST SEASON TOURNAMENT ROSTER**

School Year: _____

Send original to the Athletics Office and retain one copy for the local school files.

Name of School _____ Coach _____

INVALID UNLESS APPROPRIATE TEAM IS CHECKED

Check One: ☐ 7th Grade ☐ 8th Grade

☐ Volleyball ☐ Girls Basketball ☐ Girls Soccer ☐ Softball

☐ Boys Basketball ☐ Boys Soccer ☐ Baseball

In order to be eligible to participate, a player must have played in three regular season games.

Type student's name and jersey number:

NAME		NUMBER
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

COACH'S CERTIFICATION

I hereby certify that I have personally investigated the participation in three regular season games, and to the best of my knowledge and belief, the students listed above are eligible.

Signature: _____ Date: _____