AREA:				DIVISION:	TEAM NAME:							
COACHES Last Name First Name			First Name	ADDRESS	CITY	PHONE	LEVEL	*Specify 1, 2, 3 or LIFE*				
1	Head Coach							(FEB)				
2	Asst Coach								PLACE	YF A RI Y	,	
3	Asst Coach							23	PLACE VALID STICKE	ATION		
4	Asst Coach							JUNIOR FOOTBALL LEAGUE OF CENTRAL ILLINO			LLINO	
5	Asst Coach											
		If more tha	an 5 Coaches, pleas	se list on another roster								
								JFLOCI USE ONLY				
	JERSEY#	Last Name	First Name	ADDRESS	CITY	PHONE	BIRTHDATE	AGE	WEIGHT	AWP	NBC	ВС
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