

## Fairfax Stars Summer League Roster

Coach Name: \_\_\_\_\_ Team Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Please fill out and submit this page with all information filled in. Please email filled out form to [sarahmalone52@gmail.com](mailto:sarahmalone52@gmail.com).

	Player Name	Jersey #	DOB	Grade as of Fall 2016	Address	County of Residence
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