|  |  |  |
| --- | --- | --- |
|  | St. John’s Touch Football2022 ROSTER |  |

**Team:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Versus:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | **@** | Jersey **Number** | Touchdown  (Write 6) | **TD Pass** | Convert (1 or 2) | **Single**  (1) | **Safety**  (2) | INT | **Sack** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Choice in 2nd Half \_\_\_\_\_\_\_\_\_\_ FINAL SCORE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1st Half Time out \_\_\_\_ Captain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Half Time out \_\_\_\_ Referees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Floating Time out \_\_\_\_ Line Duty Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

@ = present at game.  This column **MUST** be completed by the team captain PRIOR TO THE GAME and reviewed by the opposing team captain at the end of the game. ALL PLAYERS MUST CONFIRM THEY ARE EXPERIENCING NO COVID-19 SYMPTOMS AND SHOULD NOT BE ISOLATING FOR ANY REASON.