



	LAST NAME	FIRST NAME	ADDRESS	PHONE	BIRTH DATE	AGE	WEIGHT	OL/14
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I HEREBY CERTIFY THAT THE FOOTBALL PLAYERS LISTED ON THESE PAGES OF THE OFFICIAL ROSTER MEET ALL OF THE REQUIREMENTS FOR ELIGIBILITY TO PARTICIPATE IN THE DIABLO VALLEY YOUTH FOOTBALL CONFERENCE.

\_\_\_\_\_  
HEAD COACH

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY PRESIDENT

\_\_\_\_\_  
PRESIDENT OF DVYFC