DEKALB COUNTY FOOTBALL ROSTER

SCHOOL: _____

Varsity Coach *(name)*: _____

Assistant coaches *(name)* : _____
_____

JERSEY #	NAME	YR	POSITION	HT	WT	JERSEY #	NAME	YR	POSITION	HT	WT

PLEASE RETURN TO CHRIS CHILTON, ATHLETIC DEPARTMENT OR FAX: 678-676-1829