MID-EASTERN ATHLETIC CONFERENCE
FOOTBALL WEEKLY PARTICIPATION ROSTER

Institution: ____________________ Contest Date: __________

Opponent: ____________________

List numerically including full legal name with middle initial. Do not list any “nick-names” on this form. All names should be listed as they appear on the official eligibility certification report. The original form should be submitted to the Conference Office with a copy to the Director of Athletics and Head Coach by 5:00 p.m. on Tuesday following each contest.

Name	Jersey No.	Name	Jersey No.

Head Coach Signature: ____________________ Date: __________

Compliance Coordinator’s Signature: ____________________ Date: __________