Spring Soccer

Team Roster Form

Club Name _____ **Team name** _____

Coach Name _____ **E-mail** _____

Manager Name _____ **E-mail** _____

Girls Age U - ____ **Boys Age U -** ____ **Contact Phone** _____

Shirt #	Last Name, First	D. O. B.	Player Registration #

Place your cursor in the box and (type) to complete and then print your roster.

The following will be verified by the Referee at Team check-in before the start of the game:

1) Completed Roster Form.
2) Coach Administrator Card.
3) Manager Administrator Card..
4) Player Card for each player.
5) Player Registration papers.

The below named Referee has verifed the above as being correct.

Date _____ Last Name _____ Sign _____