



Special Olympics
Missouri

SOCCER ROSTER FORM

Team Name: _____

Agency Name: _____ Agency Number: _____

Mailing Address: _____ City: _____ Zip: _____

Head Coach Name: _____ Cell Phone: _____

Assistant Coach Name: _____ Cell Phone: _____

Please designate with a check mark (✓)

Event Competing in: CHECK ONE

11-a-Side _____

(Maximum 16 players. Division based on Soccer SAT)

Unified® 11-a-Side Soccer _____

(Maximum 16 players. Division based on Soccer SAT)

Unified-Modified 11-a-Side Soccer _____

(Maximum 16 players. Division based on Soccer SAT)

7-a-Side _____

(Maximum 10 players. Division based on Soccer SAT)

Unified® 7-a-Side _____

(Maximum 10 players. Division based on Soccer SAT)

Unified-Modified 7-a-Side Soccer _____

(Maximum 10 players. Division based on Soccer SAT)

5-a-Side _____

(Maximum 10 players. Division based on Soccer SAT)

Unified® 5-a-Side _____

(Maximum 10 players. Division based on Soccer SAT)

Unified-Modified 5-a-Side Soccer _____

(Maximum 10 players. Division based on Soccer SAT)

Age Group: CHECK ONE

Juniors (8 – 15) _____

Seniors (16 – 21) _____

Masters (22 - 39) _____

Senior-Master (40+) _____

Sex: CHECK ONE

Male _____

Female _____

CHECK ONE:

Area Only _____

State _____

ROSTER

Athlete's Name	
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