

Please note: this form is for use only if you do not already have a certified town roster.
 (for example: if you are a U8 team entering the tournament and do not already have a prepared roster)

TEAM ROSTER FORM

Team Name: _____ Date: _____

Organization Name: _____

League Name: _____

Coach Name: _____ Phone Number _____

Address: _____

City/State/Zip _____

Asst. Coach Name: _____ Phone Number _____

Address: _____

City/State/Zip _____

Age Group (circle one): U8 U10 U12 U14 Team Type (circle one): Boys Girls

TEAM ROSTER (please type or print in alphabetical order):

	Last Name, First Name	Shirt #	Date of Birth	City/State	Phone Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Town Soccer Registrar Signature _____

Date: _____