

Team Roster Form – Winter 2009-2010

Youth Indoor Soccer

Age Group: (circle) U09/U10 U11/U12 U13/U14 U15/U16

Session: (circle one or both) Session I Session II

League Type: (circle) Boys Girls

Team Name: _____

Coach Information		Manager Information	
Name:		Name:	
Address:		Address:	
City, State, Zip		City, State, Zip:	
Phone (H)	(W)	Phone (H)	(W)
Phone (C)		Phone (C)	
Email:		Email:	

Player List		
Name	Phone	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
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11.		
12.		
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