Team Roster Form – Winter 2011-2012

Adult Indoor Soccer

League Type: (check)

☐ Men's Open (Mondays) ☐ Men's Open (Saturdays) ☐ Men's 30+ ☐ Men's 40+ ☐ Coed

Session: (check one or both) ☐ Session 1 ☐ Session 2

Team Name: _____

Coach/Captain Information	Co-Coach/Captain Information
Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip:
Phone (H)	Phone (H)
Phone (C)	Phone (C)
Phone (W)	Phone (W)
Email:	Email:

Player List			To Be Filled out by MSF Staff	
Name		Date of Birth (Month/Day/Year)	Waiver Submitted	ID Issued

Rosters are frozen at kickoff of your third match.