## Team Roster Form - Winter 2016-2017



## **Adult Indoor Soccer**

**League Type**: (circle)

Men's OpenMen's OpenMen's 30+Men's 40+Coed Open(Monday)(Saturday)(Tuesday)(Wednesday)(Thursday)

**Session**: (circle 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.