Team Roster Form – 2010 Adult 7v7 Outdoor Soccer League

League Type: Coed Open Men's Open Men's 30+ Men's 40+ Women's Open

Day of the week: _____ **Session:** _____

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	
No	**Name**	**Date of Birth** (Month/Day/Year)	**Waiver Submitted**	**ID Issued**

Rosters are frozen at kickoff of your third match.

Maryland SoccerPlex