

SOCCKER TEAM ROSTER

DEADLINE: August 2, 2019

Area: _____
 Coordinator: _____
 Team Name: _____

Circle One: **Mites** or **Pee Wee** or **Bantam** Head Coach: _____
 Assistant Coach: _____
 Assistant Coach: _____

#	First Name	Last Name	Physical Address of Residence	Town/City	DOB	Gender	↑ Skill	↑ Know ledge
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**** Roster WILL NOT be accepted unless ALL requested information is COMPLETE for each athlete! ****

***** Reminder: DO NOT us P.O. Box #'s as athletes' "Address of Physical Residence"! *****

I have verified all athletes' dates of birth via primary or secondary proof as outlined in the Age Verification Policy: _____

(Coordinator's Signature)