

INDOOR SOCCER TEAM ROSTER FORM



TEAM NAME: _____

MANAGER'S NAME: _____

MANAGER'S PHONE: _____

MANAGER'S EMAIL: _____

Circle Session: FALL/Session 1 WINTER/Session 2 SPRING/Session 3

Circle Division: Adult Co-ed Adult Men's

| PLAYER'S NAME | ADDRESS |
|---------------|---------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |

Must roster a minimum of 8 players, no maximum.

Please attach an individual player waiver for every player.