

# 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
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**Must roster a minimum of 8 players, no maximum.**

**Please attach an individual player waiver for every player.**