



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 SAUNA

Circle Division: Youth Travel JH Travel HS Adult Co-ed Adult Men's

	PLAYER'S NAME	ADDRESS	RES	NON RES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Must roster a minimum of 8 players.

Please attach individual player waiver for every player.

New for 2017--This roster and player waivers must be submitted EVERY session.