



## 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 JH    HS    Adult Co-ed    Men's Rec    Men's Comp.

	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.**