

SOCCER PALACE- Team Roster Form - Season: Winter 2016/2017

Name of Club: _____ Team Name: _____ Age Group: Under ____ Boys ____ Girls ____

Name of Coach: _____ Tele #: (H) _____ (W) _____

Address: _____ City / State / Zip: _____

Name of Manager: _____ Tele# (H): _____ (W) _____

Address: _____ City / State / Zip: _____

PRINT OR TYPE ONLY

	Pass #	Player Name	Address	City	State	Zip	Birthdate mm/dd/yy	Uni. #
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Coach Signature: _____ DATE: _____