Deposit Paid ___/___/___

US Indoor Soccer Association

Indoor Team Roster

Team Name:_____

Facility: Game On Arena Sports

Season/Year: Sum I___Sum II___Fall___Win I___Win II___Spring___

Adult League: Men___Women___Coed___
Division/Group Color:_____
Youth League: M_____ F_____
Age Group/Group Color:_____

1	2	3	4	5	6	7	8	Name	#	DOB	Phone	Email Address

I certify that the above information is true and correct (coach must sign). Signed:_____Date_____
Coach: Print Name_____Phone #_____Email Address_____
ROSTER MUST BE TURNED IN PRIOR TO THE START OF THE FIRST GAME. PLAYERS MAY BE ADDED UP TO THE THIRD GAME.