

DATE RECEIVED BY *Game On*

**US INDOOR SOCCER ASSOCIATION
INDOOR TEAM ROSTER**

TEAM NAME: _____

Women I__ Women Over 30__

Men I__ Men II__ Men Over 30__

FACILITY: **Game On Arena Sports**

Coed I__ Coed II__ Coed Over 30__

SEASON/ YEAR: (check one) Summer I__ Summer II__ Fall__

Youth: M____ F____

Winter I__ Winter II__ Spring__

Age Group: _____

	ID#	NAME	ADDRESS	CITY	ZIP	PHONE	D.O.B.	E-MAIL ADDR
COACH								
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I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT (coach must sign). SIGNED: _____ DATE: _____
ROSTER MUST BE TURNED IN PRIOR TO THE START OF THE FIRST GAME. PLAYERS MAY BE ADDED UP TO THE THIRD GAME.