

Deposit Paid ___/___/___

US Indoor Soccer Association Indoor Team Roster

Team Name: _____

Adult League: Men___Women___Coed___

Facility: Game On Arena Sports

Division/Group Color: _____

Youth League: M_____ F_____

Season/Year: Sum I___Sum II___Fall___Win I___Win II___Spring___

Age Group/Group Color: _____

		Name	DOB	Phone	Email Address
	1				
	2				
	3				
	4				
	5				
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	16				
	17				
	18				

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.