

# TEAM ROSTER

Please type

TEAM NAME: \_\_\_\_\_

DIVISION (Check One): Premier \_\_\_\_\_ First \_\_\_\_\_

COACH: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (home/work/cell): \_\_\_\_\_

MANAGER: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (home/work/cell): \_\_\_\_\_

COLORS Jersey: \_\_\_\_\_ Shorts: \_\_\_\_\_ Socks: \_\_\_\_\_ Alternate Jersey: \_\_\_\_\_

List Players in Alphabetical Order by Last Name First

	LAST NAME	FIRST NAME	REGISTRATION NUMBER	No.	BIRTHDATE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.  
 I HAVE READ THE RULES AND POLICIES OF THE KANSAS SOCCER ASSOCIATION AND AGREE TO ABIDE BY THEM.

\_\_\_\_\_  
 Signature of Team Coach or Manager

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

STATE ASSOCIATION APPROVAL

\_\_\_\_\_  
 Signature of Authorized State Association Official

\_\_\_\_\_  
 Print Name and Title

\_\_\_\_\_  
 Date

