

SOCCER SPORTSPLEX, INC. • ROSTER SHEET

TEAM NAME:	TEAM #:	AGE:
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Coed		

COACH:	ASSISTANT:
Address:	Address:
City: Zip:	City: Zip:
Phone: Work:	Phone: Work:
Fax:	Fax:

PLAYERS

Name	Address	City	Zip	Phone

I hereby certify that the above information is true and accurate, and that I have provided a signed waiver for all persons on my roster.

_____ Coach Manager

REMEMBER: NO ADDITIONS AFTER START OF THIRD GAME.

31515 LORAIN RD. • N. OLMSTED, OHIO 44070 • (440) 979-9997 • FAX (440) 979-1828

One copy to Soccer Sportsplex • Manager maintain copy for records