

SOCCER TEAM ROSTER

DEADLINE: August 1, 2026

Area: _____

Circle One: **Mites** or **Pee Wee** or **Bantam**

Head Coach: _____

Coordinator: _____

Assistant Coach: _____

Team Name: _____

Assistant Coach: _____

#	First Name	Last Name	Physical Address of Residence	Town/City	Release Needed?	DOB	AGE	Grade	Gender	↑ Skill	↑ Knowledge
1											
2											
3											
4											
5											
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18											
19											
20											

** Roster WILL NOT be accepted unless ALL requested information is COMPLETE for each athlete! **

*** Reminder: DO NOT us P.O. Box #'s as athletes' "Address of Physical Residence"! ***

I have verified all athletes' dates of birth via primary or secondary proof as outlined in the Age Verification Policy: _____
(Coordinator's Signature)