

# SOC CER TEAM ROSTER

DEADLINE: August 3, 2022

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	DOB	Gender	↑ Skill	↑ Know ledge
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
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)