

TEAM ROSTER

TEAM NAME	
Age Division/Gender	
ORGANIZATION	West Sacramento Soccer Club _____ Fall Season

COACH'S NAME	PHONE NUMBER	EMAIL ADDRESS

#	PLAYER'S NAME	BIRTH DATE	UNIFORM SIZE	PHONE #	PARENT'S NAME
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

ADDITIONAL STAFF NAMES	PHONE NUMBER	EMAIL ADDRESS	POSITION

AUTOMATED PLAYER COUNT	NOTES: