



2009/10 Rockdale Youth Soccer Association Winter Indoor Season

Team Registration Roster

Type or Print ONLY



Team Name	Jersey Color	# of Players	Age Group	Team Gender

Please Type or Print in Black Ink.	Youth Competitive _____ (indicate age group and gender)	High School _____ (indicate gender, JV, or Varsity)
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Coach etc.	Name (Last Name, First)	H Phone	W Phone	Email Address
C AC Mgr				

Name (Last Name, First)	Sex	Jer#	DOB	Phone	Email Address
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

I certify that the above information is true and correct. Signed: Coach _____ Date: _____

Association Registrar: _____ Date: _____ Coaches License _____