C Cup Team Roster Form

COMPETITION INFORMATION

	C Cup	Date:	
Gender:	**Girls**	Age Group:	

TEAM INFORMATION

District: **Upper Island Soccer Association**		Club:	
Full Team Name:			
Team Colours	Shirts	Shorts	Socks
Alternate Colours	Shirts	Shorts	Socks

TEAM PERSONNEL

Team Manager:		Email:
Day time Phone:	Evening Phone:	Fax:
Team Coaches:		Email:
Day time Phone:	Evening Phone:	Fax:

TEAM ROSTER

Jersey #	First Name	Last Name	Birthdate(mm/dd/yy)
District Registrar:		Date:	