

VYSA RECREATIONAL ROSTER

TEAM NAME: _____ **AGE GROUP:** _____

CLUB: Stafford Area Soccer Association

COACH: _____ **Phone:** _____

Address: _____

Assistant Coach: _____ **Phone:** _____

Address: _____

Player Count	Jersey Number	Players' Names	Player Registration Number*	Team Name / Number	Date of Birth
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

* Player Registration Number is obtained from the SASA Registrar or Classic Director

I certify that all the information listed for all team officials and players has been verified by me and that all information is true and correct.

Club President's Authorization:

SIGNATURE OF PRESIDENT

PRINT NAME

DATE