SOCCER SPORTSPLEX, INC. • ROSTER SHEET

TEAM NAME:	TEAM #:	AGE:
☐ Male ☐ Female ☐ Coed		

COACH:		ASSISTANT:	
Address:		Address:	
City:	Zip:	City:	Zip:
Phone:	Work:	Phone:	Work:
Fax:		Fax:	

PLAYERS

Name	Address	City	Zip	Phone

I hereby certify that the above information is true and accurate, and that I have provided a signed waiver for all persons on my roster.

_____ Coach Manager

<u>REMEMBER</u>: NO ADDITIONS AFTER START OF THIRD GAME.

31515 LORAIN RD. • N. OLMSTED, OHIO 44070 • (440) 979-9997 • FAX 979-1828

One copy to Soccer Sportsplex • Manager maintain copy for records