

INDOOR | FUTSAL – TEAM ROSTER

Team Name _____ **League/Age Division** _____

Coach / Team Captain Name _____

Telephone (Daytime) _____ **Telephone (Cell/Mobile)** _____

Email address: _____

	Player Name	EMAIL	TEL
1			
2			
3			
4			
5			
6			
7			
8			
9			
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11			
12			
13			
14			

Roster Limits: Indoor (Coca/Cola) = 14 Futsal (Dr Pepper) = 10

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