DBWV SOCCER LEAGUE

Team Roster Form

Team Name _____ **Opponent** _____

Coach Name _____ **E-mail** _____

Manager Name _____ **E-mail** _____

Girls Age _____ **Boys Age** _____ **Contact phone** _____

Shirt #	Last Name, First	D. O. B.	Player Registration #

Placer your cursor in the box and (type) to complete and them print your roster.

The following will be verified by the Referee at Team check-in before the start of the game:

1) Completed Roster Form.
2) Coach Administrator Card.
3) Manager Administrator Card.
4) Player Card for each player.
5) Player Registration papers.

The below named Referee has verifed the above as being correct

Date Last Name Sign