

ROSTER MUST BE IN ALPHABETICAL ORDER AND LEGIBLE

LONG ISLAND JUNIOR SOCCER LEAGUE TEAM ROSTER

CLUB NO. _____ CLUB NAME: _____ TEAM NAME: _____ TEAM NUMBER: _____

LIST BELOW REGISTERED ADULT SUPERVISORS **LIST HEAD COACH FIRST**

	FIRST NAME	LAST NAME	PASS #	ADDRESS	TOWN	STATE	ZIP	PHONE <small>INCLUDE AREA CODE</small>
A/S 1								
A/S 2								
A/S 3								
A/S 4								

	FIRST NAME	LAST NAME	PASS #	BIRTHDATE	ADDRESS	TOWN	STATE	ZIP	PHONE <small>INCLUDE AREA CODE</small>	CODE/DATE
1.										/
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18.										/

REGISTRAR: _____ DATE: _____