

NORTHEAST UNITED SOCCER CLUB

Team Name: _____

Boys / Girls

Age group _____ Rec. _____ Premier _____

Spring / Fall 20 _____

COACH'S NAME	ADDRESS	CITY, STATE	ZIP	HOME PHONE	OFFICE or CELL PHONE	E-MAIL ADDRESS

EMAIL ADDRESS FOR COACH: (required) _____

PLEASE WRITE LEGIBLY!

TEAM ROSTER

NAME OF PLAYER	ADDRESS	CITY	STATE/ZIP	TELEPHONE	BIRTHDATE	PARENT E-MAIL ADDRESS
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						

ROSTER LIMITS: Pony 12 players

U 8-U 11 16 players

U 12 and older 18 players