



Team Registration Roster



Type or Print **RECREATIONAL** ___ **COMPETITIVE** ___ FALL ___ 20 ___ SPRING ___ 20 ___

Team Name	Jersey Color	# of Players by Gender B ___ G ___	Age Group	Team Gender B ___ G ___
Home Association (where team Registers) Greater Longview Soccer Association		Playing Association if Different (where team plays if not Home Assn.)		

Name (Last, First)	Sex	Address	City	Zip	H. Phone	W. Phone	DOB	Email Address
Coach								
Asst. Coach								
Manager								

Name (Last, First)	Registration #	DOB Month/Year	Sex	Jersey	City	State
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I certify that the above information is true and correct. Signed: Coach _____ Date: _____

Association Registrar: _____ Date: _____ Coaches License: _____