

Wayne Wings Soccer Club

Ontario NY

Roster Form

Coach Name: _____ Team Name: _____

Coach Signature: _____ Phone: _____

Address: _____ Email: _____

_____ Date: _____

Age Brackets: Please Circle one:

Girls	U8	U9	U10	U11	U12	U13	U14
Boys	U8	U9	U10	U11	U12	U13	U14

Team Roster:

	Players Name	DOB	Shirt Size (Please circle one)			
1.	_____	_____	YS	YM	YL	YXL
2.	_____	_____	YS	YM	YL	YXL
3.	_____	_____	YS	YM	YL	YXL
4.	_____	_____	YS	YM	YL	YXL
5.	_____	_____	YS	YM	YL	YXL
6.	_____	_____	YS	YM	YL	YXL
7.	_____	_____	YS	YM	YL	YXL
8.	_____	_____	YS	YM	YL	YXL
9.	_____	_____	YS	YM	YL	YXL
10.	_____	_____	YS	YM	YL	YXL
11.	_____	_____	YS	YM	YL	YXL
12.	_____	_____	YS	YM	YL	YXL
13.	_____	_____	YS	YM	YL	YXL
14.	_____	_____	YS	YM	YL	YXL
15.	_____	_____	YS	YM	YL	YXL
16.	_____	_____	YS	YM	YL	YXL
17.	_____	_____	YS	YM	YL	YXL
18.	_____	_____	YS	YM	YL	YXL

PLEASE BRING THIS FORM TO REGISTRATION

