



Co-Ed Adult Summer Soccer League Team Roster

Team Name: _____ League/Site: _____

Manager: _____ Address: _____

Phone: (H) _____ (W) _____ Email: _____

**Player's signature acknowledges that they have read the league rules & agrees to abide by the same during the season.*

	NAME (PLEASE PRINT)	ADDRESS	HOME PHONE	WORK PHONE	SIGNATURE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____

**Please Note: Roster limit is 15 Players. Players must be 16 years of age or older. Rosters are frozen after the 3rd week of play.*

Any questions? Email Neal McKenry at nmckenry@cityblm.org