



## TEAM ROSTER FORM

Club:	Date:	Original:	Change:
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Team Name:	Age:	Girls:	Boys:	Shirt Color:
League:	Team ID#:	Div:	Section:	

Coach:	Phone:
Address:	City/State/Zip:
Ass't Coach:	Phone:
Address:	City/State/Zip:

	Shirt#	Last Name	First Name	Birth Date	City	Phone
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(If Applicable)

Coach Certification	Club/Town Certification
I Certify that I will comply with MDSL bylaws, playing rules, & Coach's Code of Conduct, and know the penalties for non-compliance.  Coach's Signature _____	All players and all coaches/managers meet all MDSL requirements for affiliation and playing age, and the club is properly affiliated.  Signature: _____