



Florida Keys 5v5 Shootout Team Roster

Roster Date: _____

Club/Region: _____	Team Name: _____
Coach Name: _____	
Asst. Coach Name: _____	
Uniform Colors: _____	
Shirt: _____	Shorts: _____ Socks: _____
Age Division: U-9 U-10 U-11 U-12 U-13 U-14 U-16 U-19 Adult-Open Adult-Over-30 _____ Boys _____ Girls _____ Coed (circle one)	

(List in Order By Uniform Shirt Number if Available)

Shirt #	Player ID # <small>(youth div only)</small>	Player's Name <small>Last, First (please print)</small>	Age	Date of Birth	Telephone (or e-mail) <small>Including Area Code</small>

By my signature below, I certify that all players on this roster are valid registered players in my club/region and are approved to participate in this tournament (youth only):

Coach: _____

Print Name *Signature (Blue or Red Ink)*