

NO.	PLAYER NAME	POSITION(S)	HT.	WT.	CLASS

STATISTICIAN:
MANAGER(S):

Contact Information:

Head Coach - E-mail Address: _____ Cell: _____

Athletic Director - E-mail Address: _____ Cell: _____

I certify that the above mentioned persons are part of our school's soccer program and perform the duties mentioned.

Principal Signature: _____ Date: _____

Head Coach Signature: _____ Date: _____