GOLDEN VALLEY PARK & RECREATION DEPARTMENT
2011 CO-REC SOCCER TEAM ROSTER FORM

P L E A S E P R I N T C L E A R L Y

This roster does NOT need to be signed by individual players, but must be filled out completely and turned in with your completed registration information.

TEAM NAME: _____ JERSEYCOLOR:_____

MANAGER:_____

PHONE Work: _____ Home: _____ Cell: _____

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLAYERS	LEGAL PLAYING ADDRESS (*Include City & Zip)*	PHONE

Please list two contact persons in the event the manager cannot be reached and the team needs to be notified of game cancellations, or any other pertinent information.

NAME:_____

PHONE (H): _____ (W): _____ Pager/Cell:_____

E-MAIL ADDRESS: _____

NAME:_____

PHONE (H): _____ (W): _____ Pager/Cell: _____

E-MAIL ADDRESS: _____

This roster is due in the Park & Recreation office on or before 4:30 PM of the day of your first game. Additions to the roster may be made until September 23rd, 2011. No individual may participate in a game unless his/her name is on this roster.