

ROSTER MUST BE IN ALPHABETICAL ORDER AND LEGIBLE
LONG ISLAND JUNIOR SOCCER LEAGUE TEAM ROSTER

CLUB NO: _____ CLUB NAME: _____ TEAM NAME: _____ TEAM NO: _____
 FIRST NAME LAST NAME PASS # ADDRESS TOWN ST ZIP Phone EMAIL ADDRESS

| | FIRST NAME | LAST NAME | PASS # | BIRTHDATE | ADDRESS | TOWN | ST | ZIP | Phone | Jersey # | EMAIL ADDRESS | CODE |
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| Head coach | | | | | | | | | | | | |
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CLUB REGISTRAR: _____ SIGNATURE: _____ DATE: _____