

CONNECTICUT JUNIOR SOCCER ASSOCIATION, INC.

Player Roster & Affiliation Form

Seasonal Year 20__-20__
Cup Roster Y ___ N ___

PREMIER TEAM ___ CLUB TEAM ___

Team Name: _____ Division: Male ___ Female ___ U-9 ___ U-10 ___ U-11 ___ U-12 ___ U-13 ___ U-14 ___ U-15 ___ U-16 ___ U-17 ___ U-18 ___

Name of Manager: _____ Address: _____ Home Tel: _____ Work Tel: _____

Name of Coach: _____ Address: _____ Home Tel: _____ Work Tel: _____

Home Colors: Shirts: _____ Pants: _____ Socks: _____ Away Colors: Shirts: _____ Pants: _____ Socks: _____

Club #: _____ Club Name: _____

#	PLAYER NAME	BIRTHDATE	STREET	TOWN	ZIP	PHONE	CJSA ID NO	(P)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

Transfers:

1								
2								
3								

(P) - PRIMARY TEAM (S) - SECONDARY TEAM

This team agrees to abide by the rules and regulations of the Connecticut Junior Soccer Association, Inc. and any rules and regulations hereafter made. In addition, I have personally checked the above listed players and find them all eligible to play according to C.J.S.A. Rules.

Signed: _____
Club Registrar

Date: _____

Signed: _____
Official Team Representative Position

Date: _____