

Danvers SOCCER SALUTING SOLDIERS Festival

2018 Team Roster

TOWN/CITY
 TEAM NAME

AGE GROUP Gr 2/U08 Gr 4/U10 BOYS GIRLS

COACH INFO: last name: first name:
 email:
 address:
 city: state: zip:
 phone: cell:

Asst Coach (1) last name: first name:
 email:
 phone: cell:

Asst Coach (2) last name: first name:
 email:
 phone: cell:

Players:

	last name	first name	date of birth mm/dd/yyyy	Festival Use Only	
				med rel	affltn
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Instructions:

1. **Download** form and **complete** all applicable fields.
 Note: All rosters are preliminary until you register the day of your games

2. **Save** the completed **preliminary** roster as "your team name roster" and **email** as an attachment
PRIOR TO 10/28/2018 to:
danverssoccerfest@hotmail.com

3. You may **update** and **edit** your roster as often as necessary until you register prior to your first game

4. **Print** your **FINAL** roster and bring with you to Registration **WITH MEDICAL RELEASES AND PROOF OF AFFILIATION** prior to your first game