

# SOCCER TEAM

## YOUTH (9yrs – 15 yrs)

Please have roster ready at time of registration.

Once submitted there will be no substitutions

*Minimum - 6 players*

*Maximum - 9 players*

First Name	Last Name	Age of Player on day of Intense	Team Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

### Team Management

First Name	Last Name	Phone	Email	Position

CHURCH NAME: \_\_\_\_\_