

**WESTERN MISSOURI SOCCER LEAGUE, INC.
ROSTER WORKSHEET**

REGISTER THIS TEAM AS - USSSA _____ MYSA _____

DATE _____ CLUB _____

TEAM # _____ TEAM NAME _____

() BOYS TEAM () GIRLS TEAM TEAM AGE: U _____

COACHES/MANAGERS

	NAME	MEMBERSHIP FORM	COPY COACH LICENSE		
HEAD COACH					
ASST COACH					
ASST COACH					
MANAGER					

PLAYERS

	NAME LAST / FIRST	DATE OF BIRTH MO/DAY/YR	MEMBERSHIP FORM	COPY BIRTH CERT	P-RIMARY S-CONDARY	DUAL ROSTER FORM
1						
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