



West Virginia Soccer Association

PO Box 3360, Beckley, West Virginia 25801



AMATEUR TEAM ROSTER

Team Name: _____ League: _____ Colors Jersey: _____ Alt: _____

Team Manager/Captain: _____ Shorts: _____

Phone: _____ E-mail: _____ Socks: _____

Jersey No.	Player	Signature	ID No.	Birthrate
1.				
2.				
3.				
4.				
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16.				
17.				
18.				

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRCT

Team Captain: _____ **Title:** _____ **Phone No.:** _____

Signature: _____ **Date:** _____