

**ROSTER MUST BE IN ALPHABETICAL ORDER AND LEGIBLE**  
**LONG ISLAND JUNIOR SOCCER LEAGUE TEAM ROSTER**

CLUB NO: \_\_\_\_\_ CLUB NAME: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_ TEAM NO: \_\_\_\_\_  
 FIRST NAME LAST NAME PASS # ADDRESS TOWN ST ZIP Phone EMAIL ADDRESS

	FIRST NAME	LAST NAME	PASS #	BIRTHDATE	ADDRESS	TOWN	ST	ZIP	Phone	Jersey #	EMAIL ADDRESS	CODE
Head coach												
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CLUB REGISTRAR: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_