

Robbie Soccer Festival

UNDER 9 TEAM ROSTER

TEAM NAME _____ CIRCLE: Boys Girls

	PLAYERS NAME	DATE OF BIRTH	REGISTRATION #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Maximum 12 players			
Coaching Staff Position		Name & OSA Number	

MANAGER'S / COACH'S NAME _____
PLEASE PRINT

SIGNATURE _____

DATE _____