

FC Regina Player/Team Staff Status Form

Tournament Attending:

TEAM NAME:				CITY:		
TEAM CONTACT:				TELEPHONE:		
				AGE/GENDER/DIVISION:		
MEMBER ORGANIZATION: FC Regina						
	MEMBER ORGANIZATIOM CONTACT:TELEPHONE:TELEPHONE:					
	E-MAIL:					
I, (Member Organization Contact), certify that all players and team personnel listed						
are currently registered and in good standing with FC Regina and the Saskatachewan Soccer Association.						
Member Organization Contact Signature:						
PLAYER ROSTER :						
	JERSEY#	LAST NAME	FIRST NAME	BIRTHDATE(DD/MM/YY)	MEMBER ORGANIZATION	
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18	COACHES	9 TEAM DEDCONNEL				
	Position	COACHES & TEAM PERSONNEL ROSTER sition LAST NAME FIRST NAME		DOB:(DD/MM/YY) RIS Certification	
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4					+	
FC Regina office 1700 Elphinstone Street Ph: 306-352-8040 Email: youth@fcregina.com						