



FC Regina Player/Team Staff Status Form

Tournament Attending:

TEAM NAME: _____ CITY: _____
TEAM CONTACT: _____ TELEPHONE: _____
E-MAIL: _____ AGE/GENDER/DIVISION: _____

MEMBER ORGANIZATION: **FC Regina**

MEMBER ORGANIZATION CONTACT: _____ TELEPHONE: _____
Please Print

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 Saskatchewan Soccer Association.

Member Organization Contact Signature: _____

PLAYER ROSTER :

	JERSEY #	LAST NAME	FIRST NAME	BIRTHDATE(DD/MM/YY)	MEMBER ORGANIZATION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

COACHES & TEAM PERSONNEL ROSTER

	Position	LAST NAME	FIRST NAME	DOB:(DD/MM/YY)	RIS Certification
1					
2					
3					
4					