



FC Regina Cup Team Status Form

(Required for all Non-FCR Saskatchewan Teams entering FCR Cup)

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

MEMBER ORGANIZATION: _____
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 _____ and the Saskatchewan Soccer Association.
Member Organization
Member Organization Contact Signature: _____

PLAYER ROSTER : U9 - U11 max 14 players, U13-U19 max 18 players

	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 - only 4 allowed on bench. Please follow the RULE of TWO

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