

ALBERTA SOCCER ASSOCIATION OFFICIAL ROSTER

Team Details						
Team Name:				Club: District:		
Age Group:		Level of Play:		nder:	·:	
Team Contact Deta	ils					
Name:		Email:			Phone #:	
Player Details						
	Surname	First Name	Address	Postal Code Mo. Day	y Year Phone#	Registration #
1						
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eam Staff Details						
	Surname	First Name	Address	Postal Code Mo. Day Year NCCP#	CIPC Expiry	
Coach						
Asst. Coach						
Asst. Coach						
Manager						

By signing this roster I d	cknowledge that all details are accuarte and conform with the rules governing player and team eligibility for the league/tournament. On behalf of the team, we agree to abide by all rules and regulations set out by the District, Alberta Soccer and Canada Soccer.
Coach:	Zone/Club/Community:
District:	Province: