

Saskatoon Youth Soccer: Team Status Form

TEAM NAME:					CITY:			
TEAM CONTACT:				TE	LEPHONE:			
EMAIL:							DIVISION:	
LIVI/ (IL.								
MEMBE	ER ORGANIZATION:							
MEMBER ORGANIZATION: MEMBER ORGANIZATION CONTACT: TELEPHONE:								
				TELEPHONE:				
EMAIL:	AIL: (Mamber Organization Contact) cortify that all players and toom personnel listed are							
	, (Member Organization Contact), certify that all players and team personnel listed are							
currently registered and in good standing with and Saskatchewan Soccer Association.								
MEMBE	R ORGANIZATION CONTA	ACT SIGNATURE: _						
,								
	PLAYER ROSTER							
\vdash	LAST NAME	FIR	RST NAME	BIRTHDAT	E(DD/MM/YY)		Member Organization	
1								
2								
3								
4								
5 6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
COACHES & TEAM PERSONNEL ROSTER								
				RTHDATE(DD/MM/YY)		ORG	RESPECT IN SPORT	
1				,				
2								
3								
4								
5								

SASKATOON YOUTH SOCCER INC OFFICE - 150 Nelson Rd, Saskatoon, SK 🖲 T 306.975.3413 🖲 F 306.975.3416