



Saskatoon Youth Soccer: Team Status Form

TEAM NAME: _____ CITY: _____
 TEAM CONTACT: _____ TELEPHONE: _____
 EMAIL: _____ AGE: _____ GENDER: _____ DIVISION: _____

MEMBER ORGANIZATION: _____
 MEMBER ORGANIZATION CONTACT: _____ TELEPHONE: _____
 EMAIL: _____
 I, _____ (**Member Organization Contact**), certify that all players and team personnel listed are currently registered and in good standing with _____ and Saskatchewan Soccer Association.
 MEMBER ORGANIZATION CONTACT SIGNATURE: _____

PLAYER ROSTER				
	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				
19				
20				

COACHES & TEAM PERSONNEL ROSTER					
	LAST NAME	FIRST NAME	BIRTHDATE(DD/MM/YY)	MEMBER ORG	RESPECT IN SPORT
1					
2					
3					
4					
5					