

Mid -Atlantic Cup

Team Roster Form – For Recreation Teams

(Teams who have received official rosters from their clubs must use that roster)



Age Group (check):

U7	U8	U9	U10	U11
U12	U13	U14	U15	U16
U17	U18	U19		

Gender (check):

Boys

Girls

Coed

Team Name: _____

Coach Information

Name:

Address:

City, State, Zip:

Phone: (H) _____ (C) _____

Email:

Player List

Name	Jersey Number	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
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8.		
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21.		
22.		

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