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Futcal Lagres	namo:	TEAM ROSTER	Season				
Futsal League							
TEAM INFORM Team Name	MATION						
ream Name							
Club Name							
Age Group			Gender				_
City			State				
Primary team	Colors		Secondary	Team Color	S		_
Comments							_
CONTACT INFO	OPMATION						
Coach	ORIVIATION		Team Man	agor	Samuel Care	.t.	
First Name			First Name		Same as Coad	.11	
Last Name			Last Name				_
Address			Address				_
City			City				_
State	Zip		State		Zip		
Email			Email				
Email2			Email2				
Home Phone			Home Phoi	ne			
Work Phone			Work Phon	ie			
Cell Phone			Cell Phone				
Preference			Preference				
Home	Work	Cell		Home	Work	Cell	
PLAYERS							
	First Name Last Name		Gender	DOB(MM/DI	D/YY)	Jersey #	
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