TEAM ROSTER
Florida International Futsal Cup

Team Name:		
Head Coach:		Cell #:
Asst. Coach:		Cell #:
Jersey #	**Player Name (Last, First)**	**Date of Birth (mm/dd/yr)**
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I certify that the above information is true and correct:_____
(Signature of Coach or Assistant Coach)

Please note the Player Information and Release Form must be handed in at the time of team check-in along with two copies of the team roster.