

# FRONT RANGE FUTSAL LEAGUE

## SPLIT ROSTER FORM (use for League play)



TEAM NAME: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_  
 USFF TEAM #: \_\_\_\_\_ SEASON: \_\_\_\_\_  
 COACH: \_\_\_\_\_ COACH ID: \_\_\_\_\_  
 CONTACT PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Instructions to Coaches/Managers:** This will become your game day roster. Complete, with player signatures, and make enough copies for each game. Submit the original at check-in for League play. Then give a copy to the scorekeepers at the start of each game.

Rosters will be verified by signature or player passes on a random basis.

SPLIT ROSTER TEAM I		DOB	last 6 digits		
#	Player(Last, First Name)	mm/dd/yy	U.S. Futsal ID	player signature	(please leave blank)
1.		/ /			
2.		/ /			
3.		/ /			
4.		/ /			
5.		/ /			
6.		/ /			
7.		/ /			
8.		/ /			
9.		/ /			
10.		/ /			
11.		/ /			
12.		/ /			

Designated Goal Keeper \_\_\_\_\_ Designated Field Player \_\_\_\_\_

SPLIT ROSTER TEAM II		DOB	last 6 digits		
#	Player(Last, First Name)	mm/dd/yy	U.S. Futsal ID	player signature	(please leave blank)
1.		/ /			
2.		/ /			
3.		/ /			
4.		/ /			
5.		/ /			
6.		/ /			
7.		/ /			
8.		/ /			
9.		/ /			
10.		/ /			
11.		/ /			
12.		/ /			

Designated Goal Keeper \_\_\_\_\_ Designated Field Player \_\_\_\_\_