



FRONT RANGE FUTSAL LEAGUE

TOURNAMENT ROSTER

TEAM NAME: _____ AGE GROUP: _____
 USFF TEAM #: _____ TOURNAMENT: _____
 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 the Tournament. 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.

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

Designated Goal Keeper _____ Designated Field Player _____