



League:

Team:



CONNECTICUT STATE SOCCER ASSOCIATION

OFFICIAL PLAYER ROSTER

No.	I.D. Number	Last Name	Middle Name	First Name	D.O.B. (mm/dd/yy)	Address	City	State	Zip	Phone	Email
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Team Manager / Assistant Manager

No.	I.D. Number	Last Name	Middle Name	First Name	D.O.B. (mm/dd/yy)	Address	City	State	Zip	Phone	Email



A Official Player Roster Form

- 1 League and Team
Enter Your own league or teams names
- 2 Complete the information for each player
Save your work frequently
- 3 Complete the information for Manager, and Assistant Manager (if applicable)
- 4 If the Manager or Assistant is also a player, be sure they are listed in both places
- 5 Send the roster (Scan the Roster and send file to Jack Testani,
torrice6@aol.com, or fax 203-217-5507)