



NEW ENGLAND FUTSAL CUP 2020 - TEAM ROSTER

TEAM NAME:				AGE GROUP:		CLUB:	
	FIRST NAME	LAST NAME	DATE OF BIRTH	JERSEY NUMBER	EMAIL	PHONE	ADDRESS
COACH							
ASSIST.							
ASSIST.							
P-1							
P-2							
P-3							
P-4							
P-5							
P-6							
P-7							
P-8							
P-9							
P-10							
P-11							
P-12							
P-13							
P-14							
COACHES SIGNATURE:				DATE:			
LEAGUE OFFICIAL:				DATE:			