



OFFICIAL PLAYER POOL FORM

Please Type of Print Legibly



- Men's Open Men's Amateur Men's O-30 Men's U-23
 Women's Open Women's Amateur Women's O-30 Women's U-23

Region: _____ State Association: _____ Team Name: _____

Uniform Colors: _____ Shirts: _____ Shorts: _____ Socks: _____ Alternate: Shirts: _____ Shorts: _____ Socks: _____

No.	I.D.	Type	Player's Name		Birth Date	Country of Birth	Citizenship	Regist'n Date	For official use only!	
			Last	First					Intern'l Clrc.	Pro Status
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TEAM MANAGER

STATE REGISTRAR CERTIFICATION

Print Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Tel. # Home: _____ Tel. # Bus: _____
 Fax. #: _____ E-Mail: _____
 Signature: _____ Date: _____

Print Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Tel # Home: _____ Tel. # Bus. _____
 Fax: _____ E-Mail: _____
 Signature: _____ Date: _____