Queen City United Soccer Team Status Form

TEAM NAME: _____ CITY: _____

TEAM CONTACT: _____ TELEPHONE: _____

E-MAIL: _____ AGE/GENDER/DIVISION: _____

MEMBER ORGANIZATION: _____

MEMBER ORGANIZATION CONTACT: _____ TELEPHONE: _____
(Please Print)

E-MAIL: _____

I, _____ (Member Organization Contact), certify that all players and team personnel listed are currently registered and in

good standing with _____and the Saskatchewan Soccer Association.
(Member Organization)

Member Organization Contact Signature: _____

	JERSEY #	LAST NAME	FIRST NAME	BIRTHDATE(DD/MM/YY)	MEMBER ORGANIZATION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

COACHES & TEAM PERSONNEL ROSTER - only 4 allowed on bench. Please follow the RULE of TWO

	Position	LAST NAME	FIRST NAME	DOB:(DD/MM/YY)	MEMBER ORG	RIS Certification #	NCCP #
1							
2							
3							
4							

Please email completed forms to josh@qcsoccer.ca