

CHAMBERSBURG RECREATION DEPARTMENT 7 V 7 OUTDOOR SOCCER

ADULT ROSTER/RESIDENCY FORM

Coach's Name _____ **Address** _____ **Phone Number:** _____

Email: _____

Please **PRINT** NAMES

1.	Name	Circle Male or Female		Address	Phone	Date of Birth	Circle Residency							Jersey #
		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
2.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
3.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
4.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
5.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
6.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
7.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
8.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
9.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
10.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
11.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
12.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
13.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
14.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	
15.		M	F				CB	GU	GR	HAM	LU	LKY	OTR	

NO MAX # PER TEAM

*** As the person responsible for the team, I verify that the above information is correct to the best of my knowledge.

Jersey Color / Team Name: _____ Date: _____ Signature: _____

*** Code for Township/Residency: CB-Chambersburg Borough; GU-Guilford; GR-Greene; HAM-Hamilton; LU-Lurgan; LKY-Letterkenny; O-