

CHAMBERSBURG RECREATION DEPARTMENT INDOOR SOCCER

ADULT ROSTER/RESIDENCY FORM

Coach's Name, Address, and Phone: _____

Please **PRINT** Names

Bracket ___A or ___B

	Name	Circle Male or Female		Address	Phone	Grade	Date of Birth	Circle Residency						Jersey #	
		M	F					CB	GU	GR	HAM	LU	LKY		OTR
1.		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	

*** Date of Birth is not required for programs with no age requirements.

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

Team Name: _____

Date: _____

Signature: _____

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