

CHAMBERSBURG RECREATION DEPARTMENT SOCCER

K-1 ROSTER/RESIDENCY FORM

Coach's Name, Address, and Phone: _____

Please **PRINT** Names **Coach's e-mail address: (print clearly)** _____

	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	

Please list Coordinator, Athletic Director, or PTA/PTO President and a phone number: _____

*** 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. I read and understand the principles of S.C.O.R.E. and pledge to adhere to the standards set forth by the Recreation Department thus helping to provide a great sports experience for all children.

Team Name: _____ Date: _____ Signature: _____

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