

**CAPE EXPRESS SOCCER CLUB**  
**Beach Blast**

# Roster

TEAM NAME AS IT APPEARS IN GOTSOCCER:

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GENDER:  BOYS  GIRLS  CO-ED

AGE: U-      OR       OPEN

TEAM BIRTH YEAR:

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RESPONSIBLE TEAM REPRESENTATIVE:

CELL PHONE:

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ALTERNATE CONTACT THAT WILL BE AT EVENT:

CELL PHONE:

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**COMPLETE ALL THE INFORMATION BELOW**

LAST NAME, FIRST NAME	HOME ADDRESS (REQUIRED)	DATE OF BIRTH
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

I certify that I am the responsible representative of this team and that all information entered on this roster is true to the best of my knowledge. I realize that falsifying any information on this roster shall be grounds for team disqualification.

\_\_\_\_\_  
Responsible Team Representative Signature

\_\_\_\_\_  
Date