

Columbus Soccer Club Team Registration

**PLEASE ATTACH A PREVIOUS SEASON ROSTER**

TEAM NAME	TEAM ID	AGE GROUP						
			<b>FIRST &amp; LAST NAME</b>	<b>DOB</b>	<b>ADDRESS (City, State, Zip)</b>	<b>HOME</b>	<b>WORK</b>	<b>CELL</b>
<b>HEAD COACH</b>						(402)	(402)	(402)
<i>Email address</i>								
<b>ASSIST. COACH</b>						(402)	(402)	(402)
<i>Email address</i>								
<b>ASSIST. COACH</b>						(402)	(402)	(402)
<i>Email address</i>								
<b>ASSIST. COACH</b>						(402)	(402)	(402)
<i>Email address</i>								

P/S	FIRST	LAST	DOB
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

P/S	FIRST	LAST	DOB
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			