

TEAM ENTRY FORM AND ROSTER

NAME OF TEAM: _____

We the undersigned, agree to abide by the West Plains Soccer Association Indoor League Rules and the rules of the West Plains Civic Center.

Print

Sign

Phone #

CAPTAIN: _____

PLAYER: _____

PLAYER: _____

PLAYER: _____

PLAYER: _____

PLAYER: _____

PLAYER: _____

PLAYER: _____

PLAYER: _____

PLAYER: _____

PLAYER: _____

Our team cannot play on the following dates or at the following match times:

I, the Team Captain/Manager, agree to abide by the West Plains Soccer Association Indoor League Rules and the rules of the West Plains Civic Center and to be responsible to pay for any costs incurred from damage to the civic center or WPSA equipment by any member of my team or their families.

Sign

Email

TEAM CAPTAIN/MANAGER : _____

DATE RECEIVED WITH ENTRY FEE: _____