



OFFICIAL PLAYER POOL FORM



Men's Open
 Women's Cup

Men's Amateur
 Women's U-23

Men's O-30
 Men's U-23

Region: II State Association: _____ Team Name: _____

Uniform Colors: Shirts _____ Shorts: _____ Socks: _____ Alternate: Shirts: _____ Shorts: _____ Socks: _____

| No. | Player's Name | | Birth Date | Country of Birth | Citizenship | Type Amateur or Pro | For official use only! | |
|-----|---------------|-------|------------|------------------|-------------|------------------------|------------------------|------------|
| | Last | First | | | | | Intl. Clearance | Pro Status |
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| 22 | | | | | | | | |

TEAM MANAGER

Name _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____ Date: _____

By checking this box, I certify that I am the person whose name appears above, acknowledge that I am authorized to act on behalf of the entering team, and give my electronic signature as verification. Furthermore, I certify that my State Registrar has verified the accuracy of this roster.

| For Official Use Only ! | |
|--------------------------|-------|
| Verified with Registrar: | _____ |
| Date | _____ |