

Western Ontario Youth Soccer League

Kick Off Cup Roster Sheet

Team Name: _____ Girls / Boys
Club Name: _____ Under _____
Coach Name: _____

	Player Name (Print)	Shirt Number	OSA Number	Date of Birth
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Coach: _____ Cell Number: _____
Asst. Coach: _____ Cell Number: _____
Manager: _____ Cell Number: _____

I certify that these players are registered to this Club for the 2010 Outdoor Season.
You must indicate any call up players.

WOYSL Club Contact _____
Print Signature