Team Name:					Date:				
Head Coach									
First Name	Last Name	Date of Birth	Address	City	State	Zip	Phone	Email	Signature
Manager									
First Name	Last Name	Date of Birth	Address	City	State	Zip	Phone	Email	Signature
Players	•	•		•	•		•	•	
First Name	Last Name	Date of Birth	Address	City	State	Zip	Phone	Email	Signature

*Please complete this Roster for all players on your team and submit to jrabinowitz@vailrec.com by 7/19/23. Once received, we'll send email confirmation. The Weekend Pass fee for the entire team is \$150. If your team is already registerd to a USASA organization, but you have some players that aren't, you can just complete this form for those players. The fee for individual players is \$10. All payments must be made by credit card when submitting this form.