



Capital District Youth Soccer League

GUEST PLAYER ROSTER

CLUB:
TEAM NAME:
GENDER:
AGE:

Players	Last Name	First Name	Primary Team Name	Primary Team Age	Team Gender	Level of Team (A,B,C,D)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Signed: _____
Registrar

Date: _____