

DCASL FUTSAL ROSTER FORM

OCT. 2019 – APR. 2020

TEAM INFORMATION:

Team Name: _____

Team Captain: _____

Team Shirt Colour: _____



** Shirt colors MUST be okayed by the Board. **

** Goalie jersey must be a different color **

** Shirts must all have numbers on back. **

PLAYER NAME	PHONE #	PAID? HOW?
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