

GREAT LAKES WOMEN'S SOCCER LEAGUE TEAM ROSTER / AFFILIATION FORM

STATE NO.	26	TEAM NAME _____		
		MANAGER _____	COACH _____	
LEAGUE NO.	04	ADDRESS _____	ADDRESS _____	
		CITY _____ ZIP: _____	CITY _____ ZIP: _____	
TEAM NO.		TELEPHONE H: _____ B: _____	TELEPHONE H: _____ B: _____	
		FAX NO. -or- E-MAIL ADDRESS: _____	FAX NO. -or- E-MAIL ADDRESS: _____	



	STATE I.D. NO.	PLAYER'S NAME		PLAYER'S ADDRESS			BIRTH DATE	DATE	
		LAST NAME	FIRST NAME	STREET	CITY	ZIP		REG'D	REL'D
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