

Lincoln Christian University High School Indoor Soccer



HIGH SCHOOL TEAM ROSTER FORM

TEAM FEE: \$250 REGISTRATION DEADLINE: See Below

Session One Deadline: October 26th

Session Two Deadline: January 8th

COACH _____

COACHES CONTACT INFO _____

TEAM NAME _____

NAME	DOB	PHONE
1. _____	/ ____ / ____	_____
2. _____	/ ____ / ____	_____
3. _____	/ ____ / ____	_____
4. _____	/ ____ / ____	_____
5. _____	/ ____ / ____	_____
6. _____	/ ____ / ____	_____
7. _____	/ ____ / ____	_____
8. _____	/ ____ / ____	_____
9. _____	/ ____ / ____	_____
10. _____	/ ____ / ____	_____

****IMPORTANT: IN ORDER TO PARTICIPATE, THIS FORM MUST BE ACCOMPANIED BY TEAM REGISTRATION FEE.***

**** ALL PLAYERS ON ROSTER MUST HAVE A SIGNED WAIVER/RELEASE OF LIABILITY FORM TO PLAY.***

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