

	TE,	AM INFORMATIO	N										
Team Name:													
Location: Ocean City, MD Coach Name: Coach Address: Manager/Team Contact Name: Manager/Team Contact Address:		Age group:	Age group:			Gender:							
		Coach Phone: () Coach City, State, Zip: Manager/Team Contact Phone: () Manager/Team Contact City, State, Zip:											
							Manager/Team Contact Email:		Confirm Manager/Team Contact Email:				
								TEAM ROSTER	(5 PLAYERS MINIMUM - 10	PLAYERS MAX	XIMUM)		
							First / Last Name:	Address:	City:	Zip:	Phone:	DOB (mm-dd-y	/y) Age:

YOU CAN SUBMIT YOUR ROSTER FORM(S) ONE OF 3 WAYS:

Email: Email form after you've saved your form(s) to beach5sandsoccer@yahoo.com

Fax: Fax form after you've completed your form(s) to **919-789-9282 Mail**: Mail form after you've completed your form(s) to address below:

Beach 5 Sand Soccer
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