



TEAM INFORMATION

Team Name: _____

Location: Ocean City, MD Age group: _____ Gender: _____

Coach Name: _____ Coach Phone: _____ () _____

Coach Address: _____ Coach City, State, Zip: _____

Manager/Team Contact Name: _____ Manager/Team Contact Phone: _____ () _____

Manager/Team Contact Address: _____ Manager/Team Contact City, State, Zip: _____

Manager/Team Contact Email: _____ Confirm Manager/Team Contact Email: _____

TEAM ROSTER (5 PLAYERS MINIMUM - 10 PLAYERS MAXIMUM)

First / Last Name:	Address:	City:	Zip:	Phone:	DOB (mm-dd-yy)	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:

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