



OFFICIAL PLAYER POOL FORM



Please Type of Print Legibly

Men's Open
 Women's Open

Men's Amateur
 Women's Amateur

Men's O-30
 Women's O-30

Men's U-23
 Women's U-23

Region: _____ State Association: _____ Team Name: _____

Uniform Colors: Shirts: _____ Shorts: _____ Socks: _____ Alternate: Shirts: _____ Shorts: _____ Socks: _____

No.	I		Player's Name		Birth Date	Country of Birth	Citizenship	Regist'n Date	For official use only!	
	I.D No	Type	Last	First					Inter'l Clrc.	Pro Status
1										
2										
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21										
22										

TEAM MANAGER

Print Name: _____
Address: _____
City: _____ State _____ ZIP: _____
Tel. # Home: _____ Tel # Bus: _____
Fax #: _____ E-Mail: _____
Signature: _____ Date: _____

STATE REGISTRAR CERTIFICATION

Print Name: _____
Address: _____
City: _____ State _____ ZIP: _____
Tel # Home: _____ Tel. # Bus. _____
Fax: _____ E-Mail _____
Signature: _____ Date: _____