

ROCHESTER SOCCER CLUB

Team Registration Form

TEAM NAME: _____

JERSEY COLOR: _____

LEAGUE: *please check one*

_____ A

_____ B

_____ WOMEN

CAPTAIN/MANAGER

NAME: _____

PHONE: _____

EMAIL: _____

SECONDARY CAPTAIN

NAME: _____

PHONE: _____

EMAIL: _____

By signing, I indicate that I am responsible for full payment of the league fee and I have read and agree to all policies and rules:

X _____