



Fifth Season Indoor Soccer League Roster Form 2005-06

Division: _____ (i.e. U10-Coed, HS-Coed, etc.)
 Team Name: _____
 Primary Contact: _____ Phone: _____
 eMail: _____
 Association (Club/School/Company): _____

	Last Name	First Name	Gender (M/F)	Birth Date	For League Use
1					
2					
3					
4					
5					
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7					
8					
9					
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12					
13					
14					
15					
16					
17					
18					

Blackout Date Request	
Note: FSISL cannot guarantee any blackout request but will make our best effort to accommodate.	