



**NORTH TEXAS STATE SOCCER ASSOCIATION  
INDOOR REGISTRATION ROSTER**

TEAM NAME: \_\_\_\_\_

Co-Ed: \_\_\_\_\_

FACILITY: \_\_\_\_\_

Adult: M \_\_\_\_\_ F \_\_\_\_\_

SEASON/ YEAR: \_\_\_\_\_

Youth: M \_\_\_\_\_ F \_\_\_\_\_

Age Group: \_\_\_\_\_

	NAME	ADDRESS	CITY	ZIP	PHONE	D.O.B.
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I certify that the above information is true and correct. Signed: \_\_\_\_\_ Date: \_\_\_\_\_