State Cup Roster Form

Only 18 players may dress and play on game day. Only list 18 or cross out the ones not playing on game day.

Home Team _____ Visitors _____

Cup/Age Group _____

Game Location _____ Time _____ Date _____

	Jersey Number	Pass Number	Players Name (Print)	Player's Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

Score: Home Team _____ Visitors _____

Manager/Captain: _____ _____

Home Team Visitors

Referee's Signature _____

Assistant Referee _____ Assistant Referee _____

Send report and roster forms to: 2108 S. Cortez Avenue, Tampa, FL 33629; fax: 813-254-2283; email: jenweston@verizon.net