

WOISL/WRS� KICK OFF CUP ROSTER SHEET 2024

Team Name: _____ **Girls** / **Boys**

Club Name: _____ **Under** _____

Coach Name: _____

	Player Name (Print)	Shirt Number	OSA Number	Date of Birth
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

****Please identify any call up players listed on your roster sheet and possess proper ID for them.**

Coach: _____ **Cell Number:** _____

Asst. Coach: _____ **Cell Number:** _____

Manager: _____ **Cell Number:** _____

I certify that these players are registered to this Club for the 2024 Outdoor Season.

WRS� Club Contact _____

Print

Signature