

WEST CHESTER UNITED SOCCER CLUB
U-08 Play Day Roster



Team Roster

TEAM NAME /
GENDER: _____

CLUB NAME: _____

Coach: _____ Team Manager: _____

Jersey #	Last Name	First Name	Date of Birth

I certify that I will comply with the play-day rules and that all players on this roster meet the requirements for playing age.

Coaches Signature: _____

The following will be verified by a play-day official by team check-in:

- Completed Roster Form
- Medical Release Forms for all players on the team roster



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Web Site: www.wcusc.org