



**New Jersey Youth Soccer
Indoor Facility Roster**

AGE U-____G or B

Facility: The Life Center

Club Name: _____ Team Name: _____

Coach: _____ Phone# _____

Pass Number	Name	Address	Town	Zip	Date of Birth	M/F

This roster must be completed for teams to participate in an indoor facility. The completed form must be sent to the NJYS office by the Indoor Facility. The facility may allow changes to the roster. No NJYS approval of the roster is required.