Florida Classic Roster Form
Open, Open Div. 2, Coed, O40, O40 Div 2 Only

Team Name _____

Cup/Age Group _____

Manager name _____ Manager cell _____

	Jersey Number	Pass Number	Players First Name (Print)	Players Last Name
1				
2				
3				
4				
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12				
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21				
22				

Referee: Submit a roster form for each team along with your completed USSF Referee Report to the tournament office.