



New Jersey Youth Soccer

Facility: Gaetano Indoor Soccer Inc.

INDOOR FACILITY ROSTER

Club Name: _____

Team Name: _____

Coach: _____

Coach: _____

Pass Number	Name	Address	Town	Zip Code	Date of Birth	Sex

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