

## UNITED STATES ADULT SOCCER ASSOCIATION. INC.

## **OFFICIAL PLAYER ROSTER**

2004 National Veteran's Cup Finals

Divis	sion:							
REG	GION:	STATE ASSOCIATION:	TEAM	NAME:				
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			SHORTS		SOCKS:			
		Player's Name	Address an	nd Zip Code	Email or Phone Number	Jersey#	D.O.B	
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TEAM MANAGER				STATE REGISTRAR CERTIFICATION				
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Address: State: Zip:				Address:          City:          State:				
Tel. #: Fax #:				City State 2ip Tel. #: Fax #:				
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