MAYOR'S GOLD CUP TEAM ROSTER JAN 2022

DATE:	**DIVISION:**	**MO50**	**MO60**	**MO68**	**WO50**	**WO60**	**WO65**	**WS**		
TIME:	**HOME TEAM:**					**COLORS**			**FINAL SCORE:**	
FIELD:	**VISITING TEAM:**					**COLORS**			**FINAL SCORE:**	

COACHES/MANAGER	PHONE NUMBER

Jersey	PLAYER'S NAME-FIRST, LAST	DOB	H S A	GOALS	CAUTION (MIN)	SENDOFF (MIN)	REASON

REFEREE:	**Roster Approved by:**
AR1:	
AR2:	
4TH:	

Manager Instructions:

One copy of the Roster with the yellow fields filled out is to be presented at the Managers Meetinç eting

Players registering with HSA (Hawaii Soccer Association) are to be noted with an "X" after their name.

A copy of the Roster is to be presented to the Referee 10 minutes prior to the sta start of each game.

All Rosters are frozen at the start of the first game,