



Midland Indoor Sports Center -Youth Roster

TEAM NAME: _____

MAIN CONTACT NAME: _____

LEAGUE: _____

SEASON: _____

DAYS AND TIMES AVAILABLE TO PLAY: _____

DEPOSIT PAID: _____ **DATE PAID:** _____

	PAID	Last Name	First Name	Address	City	Zip	Home Phone	Age	Date of Birth
1.									
2.									
3.									
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14.									

COACH'S SIGNATURE: _____ **DATE:** _____