



TEAM ROSTER (Please fill out front and back)

WIXOM

30990 S Wixom Rd
 Wixom, MI 48393
 248-669-9817
 248-669-0613 -Fax

NOVI (Soccer)

41550 Grand Rive Ave
 Novi, MI 48375
 248-374-0500
 248-374-0440 - Fax

TEAM NAME _____

AGE GROUP _____ SESSION _____

MALE _____ FEMALE _____ COED _____

	First Name	Last Name	Address	City	State	Zip	DOB	Email
Coach								
Mgr								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

ALL PLAYERS / COACHES MUST HAVE AN ELECTRONIC WAIVER ON FILE TO PARTICIPATE
ALL PLAYERS MUST HAVE A CURRENT MEMBERSHIP AT TOTAL SPORTS COMPLEX TO PARTICIPATE



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TEAM NAME _____

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	Parents First Name	Parents Last Name	DOB	Home Number	Mobile Number	Email game reminders?	Text Game Reminders?	Cell Provider
Coach								
Mgr								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

Please note a cell provider is needed to get the text reminders.

We also ask for parent birthday for security purposes and waivers to prove they are over 18.

