

AMERICAN FUTSAL ASSOCIATION CHAMPIONS CUP SERIES



WINTER FUTSAL CLASSIC TOURNAMENT 2024 - TEAM ROSTER AGE GROUP: CLUB: TEAM NAME: **JERSEY** YELLOW CARDS RED CARD OTHER FIRST NAME LAST NAME DATE OF BIRTH NUMBER (OFFICIAL USE ONLY) (OFFICIAL USE ONLY) (OFFICIAL USE ONLY) COACH ASSIST. ASSIST. P-1 P-2 P-3 P-4 P-5 P-6 P-7 P-8 P-9 P-10 P-11 P-12 P-13 P-14 COACHES SIGNATURE: DATE: LEAGUE OFFICIAL: DATE: