



**Central Islip Soccer Club**  
P.O. Box 341 Islip Terrace NY 11752-0341  
**FRI-NIGHTS ROUND ROBIN**

**TEAM NAME** \_\_\_\_\_ **AGE GROUP** \_\_\_\_\_ **BOYS** \_\_\_\_\_ **GIRLS** \_\_\_\_\_

**NAME OF COACH:** \_\_\_\_\_ **PHONE:** HOME \_\_\_\_\_ CELL: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **Level of Play:** \_\_\_\_\_

**Player Name**

**Year of Birth**

**Jersey #**

1)			
2)			
3)			
4)			
5)			
6)			
7)			

**7 PLAYERS MAX PER ROSTER**

All Correspondence will be done via email to the coach or captain only. Be sure to check your email or the Central Islip Soccer Club website @ [www.centralislipsoccer.org](http://www.centralislipsoccer.org) for updated information.

**ABSOLUTELY NO REFUNDS – NO EXCEPTIONS**