

**UNITED STATES INDOOR ASSOCIATION
INDOOR REGISTRATION ROSTER**

Season/Year: _____



TEAM: _____ ADULT: M: ____ F: ____ COED: _____

YOUTH: M: ____ F: ____ Age Group/Div: _____

OFFICE USE ONLY
OFFICE USE ONLY
ADULT DIVISION WINNERS

ID #	Name	#	Address	Phone	DOB	SHIRT SZ	WAIVER	PAID
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								

NOTE: All Players Information must be filled in completely before they are allowed to play.

I certify that the above information is true and correct. Signed: _____ Coach/Manager Date: _____