

WSYSA District President's Cup Game Roster

DATE: _____

Age Group: _____

FIELD: _____ TIME: _____

COACH: _____

TEAM: _____ TEAM ID: _ _ _ _

OPPONENT: _____

| JERSEY # | PLAYER |
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Referees please mail misconduct reports to:
WSYSA District 2, PO Box 642 Kirkland, WA 98083-0642