Season:	**SCTA SR. ROSTER**		**Date received:**	
League:	**Fees below include all**		**Amt. Pd:**	
Match Day:	**Facility & Match Fees**		**Initials:**	
Captain:				
Phone:				
Email:				
Last Season Captain:				
Team SCTA #:	**N/C**	**SCTA League fee Paid**		
Player Names **CIRCLE ONE** →	**Member**		**Phone #**	**Email**
1	**Member**	**$40**		
2	**Member**	**$40**		
3	**Member**	**$40**		
4	**Member**	**$40**		
5	**Member**	**$40**		
6	**Member**	**$40**		
7	**Member**	**$40**		
8	**Member**	**$40**		
9	**Member**	**$40**		
10	**Member**	**$40**		
11	**Member**	**$40**		
12	**Member**	**$40**		
13	**Member**	**$40**		
14	**Member**	**$40**		
15	**Member**	**$40**		
16	**Member**	**$40**		
17	**Member**	**$40**		
18	**Member**	**$40**		
19	**Member**	**$40**		
20	**Member**	**$40**		
21	**Member**	**$40**		
22	**Member**	**$40**		