



NMAA State Soccer Roster Form



School: _____

Gender: _____

Classification: _____

Athletes

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____

Jersey Number

Home Away

Home	Away

Managers

1. _____
2. _____

Assistant Coaches (State Licensed, School Approved & NMAA Registered)

1. _____ 3. _____
2. _____ 4. _____

Head Coach: _____
Print

Head Coach: _____
Signature

Athletic Director: _____
Print

Athletic Director: _____
Signature

Please return this form by Monday, October 24, 2016 to Joe Butler, NMAA Director of Soccer via email (Joeb@nmact.org) or by fax 505-923-3114