This Roster, duly completed and signed, is to remit to the SE Chief Technical Commissioner at the ID Control Meeting.

**PRINT OR WRITE LEGIBLY IN CAPITAL LETTERS**

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| --- | --- | --- | --- |
| **COMPETITION:** |  | **TEAM:** |  |

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| **PLAYERS**Note: ONLY PLAYERS REGULARLY ENTERED ON THE APPLICATION FORM FOR LICENCES MAY APPEAR HERE (CR 18.O2) |
| **#** | **Surname (FAMILY Name)** | **First Name** | **Uniform color / player number** |
| **Home/dark** | **Visitor/light** | **Extra** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
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| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
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| **13** |  |  |  |  |  |
| **14** |  |  |  |  |  |
| **15** |  |  |  |  |  |
| **16** |  |  |  |  |  |
| **17** |  |  |  |  |  |
| **OTHER TEAM MEMBERS** |
| **#** | **Surname (FAMILY Name)** | **First Name** | **Function** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |

We undersigned, Manager or Official Representative of the Team, certify that our Team acknowledges, accepts and will comply with all provisions of the Regulations of the SE.

Surname, First Name: Signature :

**NOTE : ONLY PERSONS MENTIONED ON THIS ROSTER ARE ALLOWED TO ENTER THE COMPETITIONS FIELD(S) AND DUG-OUTS (CR 18.04) AND REPRESENT THE TEAM AT PROTOCOLAR EVENTS (CR 19.02)**