

Colorado Springs Annual World Cup

Team Roster Form

Please complete this form with all team members' information and email to:

consultingoperations@outlook.com

Submission deadline: June 15th, 2025 (last day of open tryouts)

Team Information

Team Name: _____

Country Representing: _____

Team Colors: _____

Coach Name: _____

Coach Phone: _____

Coach Email: _____

Player Information (15-20 players allowed)

Please list all players below:

Player 1

Name: _____ Position: _____ Jersey #: _____

Date of Birth: ____/____/____ Email: _____ Phone: _____

Player 2

Name: _____ Position: _____ Jersey #: _____

Date of Birth: ____/____/____ Email: _____ Phone: _____

Player 3

Name: _____ Position: _____ Jersey #: _____

Date of Birth: ____/____/____ Email: _____ Phone: _____

Player 4

Name: _____ Position: _____ Jersey #: _____

Date of Birth: ____/____/____ Email: _____ Phone: _____

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Player 5

Name: _____ Position: _____ Jersey #: _____

Date of Birth: ____/____/____ Email: _____ Phone: _____

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Team Roster Form - Continued

Player 6

Name: _____ Position: _____ Jersey #: _____
Date of Birth: ____/____/____ Email: _____ Phone: _____

Player 7

Name: _____ Position: _____ Jersey #: _____
Date of Birth: ____/____/____ Email: _____ Phone: _____

Player 8

Name: _____ Position: _____ Jersey #: _____
Date of Birth: ____/____/____ Email: _____ Phone: _____

Player 9

Name: _____ Position: _____ Jersey #: _____
Date of Birth: ____/____/____ Email: _____ Phone: _____

Player 10

Name: _____ Position: _____ Jersey #: _____
Date of Birth: ____/____/____ Email: _____ Phone: _____

Player 11

Name: _____ Position: _____ Jersey #: _____
Date of Birth: ____/____/____ Email: _____ Phone: _____

Player 12

Name: _____ Position: _____ Jersey #: _____
Date of Birth: ____/____/____ Email: _____ Phone: _____

Player 13

Name: _____ Position: _____ Jersey #: _____
Date of Birth: ____/____/____ Email: _____ Phone: _____

Player 14

Name: _____ Position: _____ Jersey #: _____
Date of Birth: ____/____/____ Email: _____ Phone: _____

Player 15

Name: _____ Position: _____ Jersey #: _____
Date of Birth: ____/____/____ Email: _____ Phone: _____

IMPORTANT INSTRUCTIONS:

1. Complete this form with information for all team members (15-20 players)
2. Email the completed form to: consultingoperations@outlook.com
3. Submission deadline: June 15th, 2025 (last day of open tryouts)
4. All players must have completed individual registration and payment
5. Questions? Contact us at (719) 217-8363