INDY SUPER CUP | 17 DE OCTUBRE 2025

Team Name: **City:** **State:**

PENALES

Coach Full Name	Cell	Signature
#1		
#2		
#3		
#4		
#5		

Instructions: **Fill-in everything, except the following columns: jersey#, yellow, red and goals (those are for the refs.) All Players must write complete information. Please write as clear as possible.**

	Brith Date - Nacimiento			Last Name	First Name	*Leave Blank - It's For refs*			
	Month	Day/Dia	Year/Año	(Apellido)	(Nombre)	Jersey	Yellow	Red	Goals
1						#			gols
2						#			gols
3						#			gols
4						#			gols
5						#			gols
6						#			gols
						TOTALS	Yellows	Reds	Goals