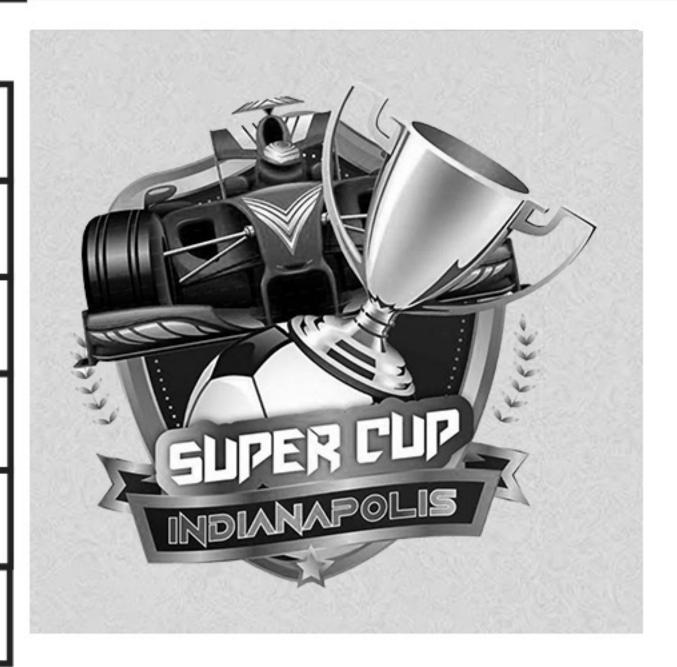
## INDY SUPER CUP | 17 DE OCTUBRE 2025

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	Lea	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
							Yellows	Reds	Goals
						TOTALS			