

Black Swamp Soccer League Oversized Roster Form

Season: _____

Club Name: _____

Team Name: _____ Team Number: _____

Age Level: _____ (U8 – U10 etc.)

Max roster players allow: _____ (For age group)

Number of roster players: _____

_____ is asking that the BSSL will allow
(Club Name)

The above team to play in the league with an oversized
roster.

Team Representative _____

Position _____

Approved/Denied _____
Date