Sacramento Valley Women's Soccer League

Over 50/60 (8v8) Roster Fall 2026

TEAM NAME:

Print Name	DOB	PAD Committee (indicate 2 players)	New Player?	Dual Roster? If Yes – are you the primary team?	If Dual Roster – name other team
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

Please Note that Primary Team pays for Players Pass