

**Tournament Roster** - Must be in the possession of the Tournament Director prior to the first game.

No Changes can be made after the roster is submitted to Tournament Director.

NOTE! Maximum player roster sizes: U9-U10 (12), U11-U12 (14), U12\*-U16 (18), U17-U19 (22)

Team Name \_\_\_\_\_ INDICATE: \_\_ BOYS \_\_ GIRLS AGE GROUP: U \_\_\_\_\_  
 Club Affiliation \_\_\_\_\_ League Affiliation \_\_\_\_\_ State Affiliation \_\_\_\_\_  
 Coach's Name \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
 Street Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Manager's Name \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
 Colors: Jersey \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_ Alternate Jersey \_\_\_\_\_

TOUR REGISTRAR ONLY				PRINT PLAYERS NAMES (ALPHA ORDER) LAST NAME, FIRST NAME	SHIRT NUMBER
Medical Release	Player Pass	Guest Player			
			1		
			2		
			3		
			4		
			5		
			6		
			7		
			8		
			9		
			10		
			11		
			12		
			13		
			14		
			15		
			16		
			17		
			18		
			19		
			20		
			21		
			22		

CERTIFICATION: I hereby certify that the above information is correct and that I have **ALL** player passes and medical releases in my possession.

Coach's Signature: \_\_\_\_\_ Date Certified: \_\_\_\_\_