

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), U13-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: _____