

TOURNAMENT ROSTER

TEAM NAME: _____

AGE GROUP: **8 YR** 9/10 YR 11/12 YR 13 YR 14 YR 15 YR (CIRCLE ONE)

*** AGE CUTOFF DATE - APRIL 30 ***

	<u>PLAYER</u>	<u>BIRTH DATE</u>	<u>UNIFORM NO.</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____

Coaches Name: _____

Alternate Contact: _____

Phone: _____ Home
_____ Work
_____ Cell

Phone: _____ Home
_____ Work
_____ Cell

If staying at a motel, please note the name and phone number so you can be contacted in case of inclement weather and/or re-scheduling.

Motel Name: _____

Phone Number: _____

YOUR ROSTER MUST BE TURNED INTO THE
TOURNAMENT DIRECTOR BEFORE THE START OF YOUR
FIRST GAME.