

Team Roster

TEAM NAME _____ AGE CATEGORY, UNDER _____ GIRLS _____ BOYS _____

NAME OF COACH _____ MANAGER _____

COLOUR of Jersey _____ Shorts _____ Socks _____ Alternate Jersey _____

ADDRESS OF MANAGER _____

CONTACT NO. FOR COACH _____ CONTACT NO. FOR MANAGER _____

E-MAIL _____ E-MAIL _____

| NAME (Print or type-last name first) | SIGNATURE | DATE OF BIRTH | | | JERSEY NUMBER <small>(Please list in numerical order)</small> |
|--------------------------------------|-----------|---------------|-----|------|--|
| | | MONTH | DAY | YEAR | |
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TEAMS MUST BE PREPARED TO SHOW BIRTH CERTIFICATES OR PASSPORTS. ALL TEAMS MUST HAVE PERMISSION TO TRAVEL FROM THEIR LOCAL LEAGUE OR ASSOCIATION

ENTRY FEE ENCLOSED \$ _____

**PLEASE WRITE A SHORT HISTORY OF THE TEAM OVER THE LAST 3 YEARS.
LIST ANY STATE / REGIONAL OR NATIONAL PLAYERS, ANY NATIONAL HONOURS, ANY PARTICIPATION IN TOURNAMENTS.
PLAYERS NUMBERS MAY NOT BE CHANGED DURING THE TOURNAMENT**