Special Event Tournament Roster

Team Registration Roster

TEAM NAME	Jersey Color	Age Group	Team Gender
		____U	Boys■ Girls☐

Please Type or Print in Black Ink. Players are to be listed in alphabetical order.	Name of Tournament and Date Team Is Entering **Tournament:** Soccer Madness 4v4 **Date:** May 6th, 2023

Name (Last, First)		Sex	Address	City	Zip	Mobile	DOB	Email Address
Coach								
Asst. Coach								
Manager								

	PLAYER NAME: Alpha Order: Last Name, First Name	NTSSA Number	DOB: MM/DD/YYYY	Sex	Jersey #	City	State
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

I certify that the above information is true and correct. Name of the Coach: _____ Signature: _____ Date: _____

Registrar (If signed): _____ Date: _____