



Special Event Tournament Roster

Team Registration Roster



TEAM NAME	Jersey Color	Age Group	Team Gender
		____U	Boys <input type="checkbox"/> Girls <input type="checkbox"/>

Please Type or Print in Black Ink. Players are to be listed in alphabetical order.	Name of Tournament and Date Team Is Entering Tournament: <u>Soccer Mania 3V3</u> Date: December 2 nd , 2023
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Name (Last, First)	Sex	Address	City	Zip	Mobile	DOB	Email Address
Coach							
Asst. Coach							
Manager							

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

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

Registrar (If signed): _____ Date: _____