



## Special Event Tournament Roster



### Team Registration Roster

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

<p><b>Please Type or Print in Black Ink.</b>  <b>Players are to be listed in alphabetical order.</b></p>	<b>Name of Tournament and Date Team Is Entering</b> Tournament: <u>Soccer Madness 4v4</u> Date: <u>May 8<sup>th</sup>, 2021</u>
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Name (Last, First)		Sex	Address	City	Zip	Mobile	DOB	Email Address
Coach								
Asst. Coach								
Manager								

	PLAYER NAME: Alpha Order: Last Name, First Name	NTX Registration # (if Applicable)	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: \_\_\_\_\_