

SOUTH SIMCOE TOURNAMENT ROSTER



TOURNAMENT NAME: _____

TOURNAMENT DATES: _____

TYPE (Circle One): Select All-Star Competitive

TEAM NAME: _____ TEAM OSA #: _____ GENDER: Boys Girls

CLUB NAME: _____ CLUB OSA #: _____ AGE GROUP: _____

#	PLAYER'S FULL NAME (Last Name, First Name)	JERSEY #	OSA #	D.O.B. (mm/yyyy)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

*Note: Roster maximum for U9 & U10 teams is 14.

15				
16				

*Note: Roster maximum for U11 teams is 16.

17				
18				

* Note: Roster maximum for U12+ is 18.

TEAM OFFICIALS	TEAM OFFICIAL OSA #
COACH:	
ASSISTANT:	
ASSISTANT:	
TEAM MANAGER:	

On behalf of the players, team officials and supporters, I agree to abide by the Tournament Rules as set out by the Tournament Committee, including strict adherence to the CODE OF CONDUCT and ZERO TOLERANCE set therein and accept responsibility to ensure that the players, team officials and team supporters, are made aware of and abide by these rules. I acknowledge that the information as stated above is complete and accurate.

TEAM OFFICIAL SIGNATURE: _____

TEAM OFFICIAL TITLE: _____ DATE: _____

TOURNAMENT REGISTRAR: _____