

U7 and U8 - TEAM ROSTER FORM – INDEPENDENCE CUP (PRINT ALL INFORMATION)

TEAM NAME _____

AGE GROUP _____

	FULL NAME	ADDRESS	CITY	ZIP	PHONE	EMAIL	INSURANCE COMPANY
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							

COACHES NAME	ADDRESS	CITY	ZIP	PHONE 1	PHONE 2	EMAIL

- This roster form must be completely filled out prior to the first scheduled game.
- All players must possess their own medical coverage to participate in the tournament.
- No additional players may be added after the roster has been submitted.
- Players may not play for another team in the tournament. **No Exceptions!**
- Player Identification must be available upon request at each game.