

U9 and U10 - 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.							
15.							

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.