



THE ETOBICOKE YOUTH SOCCER TOURNAMENT

TEAM ROSTER 2010

AGE GROUP: _____

DISTRICT: _____

TEAM NAME: _____

REG #: _____

	PLAYERS NAME	DATE OF BIRTH	REGISTRATION #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
	Max 14 Roster U8 – U10		
15			
16			
17			
18			
	Max 14 Roster U11 and Older		

COACH'S NAME: _____

REG #: _____

OTHER TEAM OFFICIALS: _____

REG #: _____

_____ REG #: _____

_____ REG #: _____

Coach's Signature _____

IMPORTANT:

Team Roster is to be submitted prior to participation in the Tournament. Team Representatives must complete this roster and bring it, along with each Player's OSA Cards when registering. The signature of the manager or coach signifies agreement to abide by the rules team travel, the rules of competition of the FIFA, CSA, OSA and it's District Association and the rules of the Tournament.