



Stratford Classic

TEAM ROSTER

To be submitted to SYS before the tournament at registration

TEAM NAME: _____ GENDER: _____ AGE GROUP: _____

#	Player's Name	Date of Birth	OSCAR Reg #	Guest

PLEASE PRINT CLEARLY

Coach's Name: _____ OSCAR# _____

Assistant Coach's Name: _____ OSCAR # _____

Assistant Coach's Name: _____ OSCAR # _____

Manager's Name: _____ OSCAR# _____

Contact Cell Phone (during tournament): _____

APPROVED: (for use of SYS official) _____