



Stratford Festival Cup

Mini-Soccer (U9/U10)

TEAM ROSTER

To be submitted to SYS before the tournament

TEAM NAME _____ GENDER ____ AGE GROUP _____

| # | Player's Name | Date of Birth | OSCAR Reg # | Guest |
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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) _____