Stratford Festival Cup

Mini-Soccer (U11/U12)
TEAM ROSTER

To be submitted to SYS before the tournament

TEAM NAME_____ GENDER ____ AGE GROUP_____

OSA TEAM # _____

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

PLEASE PRINT CLEARLY

Coach's Name _____OSA #_____

Assistant Coach's Name ___ _____ OSA #_____

Assistant Coach's Name _____ OSA #_____

Manager's Name _____ OSA #_____

Contact Cell Phone (during tournament) _____

APPROVED: (for use of SYS official) _____