



Stratford Festival Cup

Mini-Soccer (U11/U12)

TEAM ROSTER

To be submitted to SYS before the tournament

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) _____