



Tournament Roster

545 Consumers Ave. – Palatine, IL. 60074 – Fax: 847-788-5330

Team's Name:		Age: U-	• Boys • Girls
Coach's Name:		Hm: ()	
Address:		Wk: ()	
City:		Fax: ()	
State:	Zip:	E-mail:	
Manager's Name:		Hm: ()	
Address:		Wk: ()	
City:		Fax: (-)	
State:	Zip:	E-mail:	
Team Colors: Jersey	Shorts:	Socks:	Alternate:

List players in alphabetical order by last name first:

Player's Name	Signature	League ID	Birthdate	Jersey #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

No Signatures required

I certify that the above information is correct and true:

Signature of coach or manager

Today's Date:

Please fax or return this roster to our tournament headquarters before your team's check in.