

Southwick Shootout 3V3 SOCCER TOURNAMENT March 28, 2020

Team Roster Form (Please print clearly - must provide all information)

Team Name: _____

Team Contact Person: _____

Contact Phone Number: _____ Contact EMail: _____

Team Gender: (Check One) Male () Female ()

Age Division: (Check One) Players cannot be on 2 rosters within the same division.

() U9 () U10 () U11 () U12 () U13 () U14 () U16

Player 1: Name: _____ HomePhone: _____

Date of Birth (Month/Day/Year): _____ Age: _____ Gender: _____

Player 2: Name: _____ Home Phone: _____

Date of Birth (Month/Day/Year): _____ Age: _____ Gender: _____

Player 3: Name: _____ Home Phone: _____

Date of Birth (Month/Day/Year): _____ Age: _____ Gender: _____

Player 4: Name: _____ Home Phone: _____

Date of Birth (Month/Day/Year): _____ Age: _____ Gender: _____

Player 5: Name: _____ Home Phone: _____

Date of Birth (Month/Day/Year): _____ Age: _____ Gender: _____

Player 6: Name: _____ Home Phone: _____

Date of Birth (Month/Day/Year): _____ Age: _____ Gender: _____