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 () Fem	ale ()		
Age Division: (Check One) Players cannot	be on 2 roster	s within the same	e division.
()U9()U10()U11()U12()U13()U1	L4 ()U16		
Player 1: Name:		Но	omePhone:
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:	<u></u>
Player 6: Name:			Home Phone:
Date of Birth (Month/Day/Year):	Age:	Gender:	

Mark Sposato, Tournament Director

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