

# KWS / SLSC Soccer Tournament

## Preliminary Roster Form

Note: Computerized Roster Form may be substituted for this form.

Team Name: _____		
Age Group: _____	Gender: <u>Boys / Girls</u>	Team Code: _____
Association: _____		State Assn: _____
Coach: _____	E-Mail: _____	
Home Phn: _____	Work Phn: _____	
Manager: _____	E-Mail: _____	
Home Phn: _____	Work Phn: _____	

Name (Last, First, MI)	I.D. Number	Date of Birth
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
Coach		
Asst Coach		
Manager / Trainer		

Circle the number of any guest player. Guest players must be registered and have a valid player card

\_\_\_\_\_  
Signature of Coach / Manager

\_\_\_\_\_  
Date