

Official Team Roster

Due September 3rd, 2010

PLEASE TYPE OR PRINT LEGIBLY AS THIS LIST WILL BE PRINTED IN THE PROGRAM

Club and Team Name: _____

Name of Coach: _____

Name of Assistant Coach: _____

Shirt Color: _____ Alternate Color: _____

(Club Use Only)

	Player's Name	Birth Date	Jersey Number	Player Pass	Medical Release	Player Pass
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____	_____

I understand that if my team is not accepted, the entry fee will be returned in full. I further understand that once my team is accepted and later withdraws, the entire fee is forfeited (\$450 large-sided/\$425 small-sided). An 80% refund will be made in the event of Tournament cancellation resulting in no games played by your team. In case of an accident or injury while en-route to or from the Tournament or any games associated activities, or while participating in the tournament, the New Jersey Youth Soccer Association, and the Essex Fall Tune-Up Tournament will not be held liable. My team meets all requirements outlined for the tournament.

*Not all teams will be able to play on turf fields.

Coach's Signature _____ Date _____