Kick or Treat Tournament 2023 Lawton Soccer Club

Document Certification

Team Name:	
Team Division and Gender:	
Team Contact Name:	
 2. I have a Medical Release for 3. I will have all Medical Release needed.* 4. I have a copy of the Birth Company of	orm for every player on the team's Official Roster.* orm for every guest player.* isses present at all the team's tournament games, should they be ertificate for each Rostered Player.* ertificate for each Guest Player.* ers present at all the team's tournament games, should they be nave a stamped Player Pass for each Travel Rec or Competitive ents may be physical or digital in nature and must be available Official, should the need arise. Please make sure digital copies are our smartphone, so no time is wasted if document verification is
Team Contact Signature:	
Phone Number:	

Email: