

2019 SCGS MEMORIAL DAY TOURNAMENT ROSTER

ALL TEAMS MUST CHECK-IN AT THE FIELD WHERE THEIR FIRST GAME IS SCHEDULED AT LEAST ONE (1) HOUR PRIOR TO THE START OF THE FIRST GAME.

LEAGUE	<input type="text"/>	TEAM NAME	<input type="text"/>
AGE DIVISION (8U, 10U, 12U, 14U)	<input type="text"/>	GOLD (1) OR SILVER (2)	<input type="text"/>
HEAD COACH	<input type="text"/>	TEAM PARENT	<input type="text"/>
CONTACT #	<input type="text"/>	CONTACT #	<input type="text"/>
EMAIL	<input type="text"/>	EMAIL	<input type="text"/>

	PLAYER NAME (LAST NAME, FIRST NAME)	JERSEY #	BIRTH DATE MM/DD/YYYY	ASA CARD NUMBER	CHECKED BY STAFF
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
MGR					
ASST					
ASST					
ASST					

Team must present proof of league insurance and either of the following for each player at check-in: Birth certificates, player picture, and current year non-photo ASA Card or Current year photo ASA card

By completing this form, I, the head coach, verify that all the information on this roster is true and accurate.