FESTIVAL
OFFICIAL TEAM ROSTER (U-10 AND U-11)

Club Name: _____ Division: **U-**

Team Name: _____

Team OSA#: _____

Contacts and Phone# (cell, hotel, etc.) that can be reached ***during the tournament*:**
(It is *critical* that we be able to reach teams during the tournament in case of rescheduling of games.)

1. Name & Phone#	

2. Name & Phone#	

Shirt #	Player's Name (Surname first)	OSA Registration Number	Date of Birth D/M/Y

Team Official	Name	OSA #
Coach		
Ass't. Coach		
Ass't. Coach		
Mgr./Trainer		

Note: Only team officials listed above may be at the bench during games.