

## 2019 SEA COUNTRY 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.

*PLEASE BRING THIS WITH YOU TO CHECK IN – EVEN IF YOU ALREADY EMAILED IT.*

LEAGUE  TEAM NAME

AGE DIVISION (CIRCLE): 8U SILVER   8U GOLD   10U SILVER   10U GOLD   12U SILVER   12U GOLD

HEAD COACH  TEAM PARENT

CONTACT #  CONTACT #

EMAIL  EMAIL

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

**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.**