

Lockport Cup Tournament Roster

Tournament Roster Must be in the possession of the Tournament Director prior to the first game.

No Changes can be made after the roster is submitted to Tournament Director. No player may play for more than 1 club during tournament.

NOTE! Maximum player roster sizes: U8 (12), U9-U10 (14), U11-U12 9v9 (16), U12-U19 (22)

Tournament Name:

Date(s):

Location:

| | | | | | | | |
|-------------------|--|---------------------|--|--------------------|--|--------|---------|
| Team Name: | | Indicate Type: | | Age Group: U | | Boys__ | Girls__ |
| Club Affiliation: | | League Affiliation: | | State Affiliation: | | | |

Coach's Name:

Cell Phone:

Work Phone:

Street Address:

Secondary Phone:

Email:

City, State, Zip:

| | | | | | |
|-------------------|--|------------------|--|-------------|--|
| Coach's Name: | | Cell Phone: | | Work Phone: | |
| Street Address: | | Secondary Phone: | | Email: | |
| City, State, Zip: | | | | | |

Manager's Name:

Cell Phone:

Work Phone:

Street Address:

Secondary Phone:

Email:

City, State, Zip:

| | | | | | |
|-------------------|--|------------------|--|-------------|--|
| Manager's Name: | | Cell Phone: | | Work Phone: | |
| Street Address: | | Secondary Phone: | | Email: | |
| City, State, Zip: | | | | | |

Colors Jersey:

Shorts:

Socks:

Alternate Jersey:

TOURNAMENT REGISTRAR ONLY

| Medical Release Waiver | Player Pass | Guest Player Form | | LAST NAME (ALPHA ORDER) | FIRST NAME | STREET ADDRESS, CITY, STATE, ZIP <i>COMPLETE ALL INFORMATION</i> | BIRTH DATE | PASS NUMBER <i>(REQUIRED)</i> | SHIRT # |
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COACH'S CERTIFICATION: I hereby certify that the above information is complete and correct.

Coach's Signature:

Date Certified: