

Age Group : _____

Team : _____

Team ID# : _____

2014 Xolos Spring Classic

Roster - Game Form

I hereby certify the below information is TRUE and CORRECT. Date : _____ Manager / Coach Signature : _____

Age Group :		Primary Color :		Alt. Color :	
				Lic. RM Status	
Head Coach :		Tel:			
Asst. Coach :		Tel:			
Asst. Coach :		Tel:			
Team Mgr. :		Tel:			

Prior to each game, check the box next to the player(s) who will NOT be on the game roster. Max 18 players on any game roster.

Games

Jersey No.	Last Name, First Name	Player ID	Sec Id	Red	DOB	Reg. Date	1	2	3	4	64	32	16	QF	SF	F

Tournament Committee Comments :	Roster Verified By: _____	Tournament Committee Stamp
	Date: _____	
	Loc: _____	

Age Group : _____

Team : _____

Team ID# : _____

2014 Xolos Spring Classic

Flight Name : _____

Game Information

Round	Date & Time	Field	Venue					Coach / Manager Please Verify Score
				Team	Score	OT	PK	
Bracket				Away				
Bracket				Home				
Bracket				Away				
Round 32								
Round 16								
Quarter Final								
Semi Final								
Final								

Game	Referee Section			Referee Comments
	Coach Name Print Clearly	USYSA (White card ID#)	Center Referee Name Print Clearly	
1				Please provide player jersey # and infraction for cards issued and any game comments.
2				
3				
4				
5				
6				
7				
8				
9				