

**COMMACK SOCCER LEAGUE
MEMORIAL DAY TOURNAMENT**

**TEAM ROSTER
PRINT or TYPE ONLY**

Name of Team _____ Age Group U- _____ Boys Girls

Coach _____ Phone: (Home) _____ (Work) _____

Address _____ City _____ State _____ Zip Code _____

Assistant Coach _____ Phone: (Home) _____ (Work) _____

Colors: Jersey _____ Shorts _____ Socks _____ Alternate Jersey _____

List Regular Team Players first in ALPHABETICAL ORDER. List Guest Players last. Maximum of 14 for U8-U9, 18 for U10-U16

								Commack Soccer League Use Only	
Player's Last Name	First Name	Birthdate	Pass #	Uniform #	Pass/ Birth Cert	Medical Release	Guest Player Form		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT ALL PLAYERS LISTED ABOVE HAVE INSURANCE COVERAGE.

Signature of Coach or Assistant Coach

Date _____