



# 2010 BLAINE NORTH AMERICAN CHALLENGE

## TEAM ROSTER FORM

Team Name:

**TEAMS MUST COMPLETE THEIR ROSTER ON THIS FORM**

All rosters must be submitted and finalized at least 1 hour prior to your first game at team check-in.

Team Check-in: June 25, 4:00PM - 8:00PM / June 26, 7:00 AM - 2:00 PM

Please type or print clearly on this form - all information must be completed for the roster to be accepted

Club Representing \_\_\_\_\_ Age Level \_\_\_\_\_ Gender \_\_\_\_\_

Level of Play (Premier, Classic 1, etc.) \_\_\_\_\_ 1st jersey color \_\_\_\_\_ 2nd jersey color \_\_\_\_\_

Guest Player please check (x) below	1	Player Name (please list in alphabetical order)	Player Registration Number	jersey color		Admin. Only	
				1st jersey #	2nd jersey #	Player Pass	Medic waiver
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						

coach's name \_\_\_\_\_ (h) telephone \_\_\_\_\_ cellular phone to contact you during the event \_\_\_\_\_

team manager name \_\_\_\_\_ (h) telephone \_\_\_\_\_ cellular phone to contact you during the event \_\_\_\_\_