



2012 BLAINE BREAKOUT TOURNAMENT

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: April 26 7:00-8:30 PM / April 27 3:00-8:00 PM / April 28 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	1st jersey #	2nd jersey #	Admin. Only	
						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 _____