

HEART OF YORK SUMMER CLASSIC

AUGUST 7th-8th, 2010

TOURNAMENT ROSTER SHEET



CLUB:

AGE GROUP:

TEAM:

#	PLAYER'S FULL NAME (Last Name, First Name)	JERSEY #	OSA #	D.O.B. (dd/mm/yyyy)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

*Roster maximum for Mini Teams is 14 (U8, U9 and U10)

15				
16				
17				
18				

TEAM OFFICIALS

TEAM OFFICIAL OSA #s

COACH:	
ASST. COACH:	
ASST. COACH:	
TEAM MANAGER:	

On behalf of the players, team officials and supporters, I agree to abide by the Tournament Rules as set out by the Tournament Committee, including **strict adherence to the CODE OF CONDUCT and ZERO TOLERANCE** set therein and accept responsibility to ensure that the players, team officials and team supporters, are made aware of and abide by these rules. I acknowledge that the information as stated above is complete and accurate.

TEAM OFFICIAL SIGNATURE:

TEAM OFFICIAL TITLE:

TOURNAMENT REGISTRAR: