

NEW ORLEANS SUPER CUP | 17-19 ABRIL 2026

Team Name:	City:	State:	PENALES
			CATEGORIA <input style="width: 50px; height: 20px;" type="text"/>

Coach Full Name	Cell	Signature
#1		
#2		
#3		
#4		
#5		



Instructions: Fill-in everything, except the following columns: jersey#, yellow, red and goals (those are for the refs.) All Players must write complete information. Please write as clear as possible.

Brith Date - Nacimiento				Last Name (Apellido)	First Name (Nombre)	<i>Leave Blank - It's For refs</i>			
Month	Day/Dia	Year/Año	Jersey			Yellow	Red	Goals	
1									gols
2									gols
3									gols
4									gols
5									gols
6									gols
7									gols
8									gols
9									gols
10									gols
TOTALS							Yellows	Reds	Goals