

**2018
St Catharines Club Roma Soccer
Spring Kickoff Tournament**



TEAM NAME: _____ Boys Girls
 NAME OF COACH: _____ **2018 League:**
 NAME OF MANAGER: _____ **Age Group:**
 NAME OF ASS'T COACH: _____ **OSA Team#**
 NAME OF ASS'T COACH: _____ **NOTE: Type in all info.**

TEAM ROSTER

SHIRT #	PLAYER'S NAME	REGISTR. #	BIRTH DATE
---------	---------------	---------------	------------

PLEASE CHECK THE FOLLOWING:

- Player books for every player for 11 v 11 Tournament Teams, and OSA Roster for Festival Teams
- Temporary Registration Permits for Guest Players from Other Clubs
- Travel Permit if your team is from outside of Niagara
- Game sheets for every game in the tournament
- Signed Coaches Code of Conduct Form

Failure to provide accurate information about players, coaches, or your team may cause your team to forfeit games in the tournament.