



2019 – 20 INDOOR TOURNAMENTS

TEAM ROSTER FORM

One Form per Team per Tournament

Tournament Date: _____ **Division** (Please circle one): U10 U12 U14 U16 U19

CLUB NAME: _____

TEAM NAME: _____

Contact Person: _____ **Cell Phone #:** _____

E-mail: _____

NAME (12 PLAYER MAX)	USFHA #	DATE OF BIRTH
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

***** Note: FINAL roster is due prior to your team's first game at check in.