

Freddy Adams Sports Tournament Soccer

PLEASE PRINT OR TYPE

Team Name: _____ Year: _____

Age Group (check one): Women's 18 & Over Men 18 & Under
 Youth Boys & Girls 10-12 Men 19 & Over
 Youth Coed 13-15 (must have 2 females/2 males per team)

Manger/Coach's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work/Cell Phone #: _____

Team Shirt/Jersey Color: _____

	Shirt/Jersey #	Player's Name (Print)	Player's Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

If additional space is needed please list team name, shirt/jersey #, player's name and signature on another piece of paper and attach it to this roster.

I certify that this is my official roster for the Freddy Adams Sports Tournament and understand that if any player(s) fail to sign this roster, that player(s) may not compete in the tournament.

Manager/Coach

Date

**THIS ROSTER MUST BE RECEIVED BY THE ENTRY DEADLINE AND
 ACCOMPANIED BY THE SIGNED RULES AND ENTRY FEES.
 SEE RULES FOR DATE, AGE GROUP, MAILING AND FEE INFORMATION**