BREA KICKOFF CLASSIC

CLUB NAME:	TEAM NAME:
COACH NAME:	EMAIL:
MANAGER NAME:	EMAIL:
GIRLS AGE U- / BOYS AGE U-	CONTACT PHONE:

SHIRT #	NAME (LAST, FIRST)	D.O.B.	PLAYER REGISTRATION #

Bring a copy of this roster to your scheduled field one hour before your first game.

The following will be verified at team check-in before the first match:

1. Completed Roster Form
2. Coach Administrator Card
3. Manager Administrator Card
4. Player Card for each player
5. Player Registration Papers