



# 2009 GRANITE CITY CLASSIC TOURNAMENT

## TEAM ROSTER FORM

Team Name:

### TEAMS MUST COMPLETE THEIR ROSTER ON THIS FORM

All rosters must be submitted and finalized at least 1 hour prior to your first game at team check-in.

**(Team Check-in: May 1, 4pm – 8pm / May 2, 7am – 2pm)**

Please type or print clearly on this form – all information must be completed for the roster to be accepted

**Club Representing**

**Age Level**

**Gender**

**Level of Play (Classic 1, Classic 2, etc.)**

**1<sup>st</sup> Jersey Color**

**2<sup>nd</sup> Jersey Color**

Check guest player below	Player Name (Please list in alphabetical order)	1st jersey #	2nd jersey #	Player Registration Number	Birth Date day.mo.yr	Street Address	City	Zip	Admin. Only	
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coach's name

(h) phone

cell phone to contact you during the event

team manager's name

(h) phone

cell phone to contact you during the event