



**21st ANNUAL INDOOR
TOURNAMENT
Feb. 25th & 26th, 2012**



OFFICIAL ROSTER

Club Name: _____ **Team Name:** _____

Coach: _____ **E:mail:** _____ **Phone #:()** _____

Asst. Coach: _____ **E:mail:** _____ **Phone #:()** _____

	NAME	JERSEY #	DOB	
1				
2				
3				
4				
5				
6				
7				
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9				
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11				
12				

A Birth Certificate or Player Pass & Medical Waiver for each child will be required at registration along with a completed roster. No child will be allowed to play in the tournament without the appropriate documentation. By my signature below, I acknowledge that I have read and understand the rules of the tournament, and agree that the above entered team will abide by them. I also agree to allow East Islip Soccer Club to use any photographs taken at the event to be used on their web-site.

Coach Signature: _____