

2019 SEA COUNTRY TOURNAMENT ROSTER

ALL TEAMS MUST CHECK-IN AT THE FIELD WHERE THEIR FIRST GAME IS SCHEDULED AT LEAST ONE (1) HOUR PRIOR TO THE START OF THE FIRST GAME.

PLEASE BRING THIS WITH YOU TO CHECK IN – EVEN IF YOU ALREADY EMAILED IT.

LEAGUE TEAM NAME

AGE DIVISION (CIRCLE): 8U SILVER 8U GOLD 10U SILVER 10U GOLD 12U SILVER 12U GOLD 14U

HEAD COACH TEAM PARENT

CONTACT # CONTACT #

EMAIL EMAIL

	PLAYER NAME (LAST NAME, FIRST NAME)	JERSEY #	BIRTH DATE MM/DD/YYYY	CHECKED BY STAFF
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2				
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14				

Team must present proof of league insurance and either of the following for each player at check-in:
 Birth certificates, player picture, and current year non-photo ASA Card
or
 Current year photo ASA card

By completing this form, I, the head coach, verify that all the information on this roster is true and accurate.