**SOUTH SIMCOE UNITED FC TOURNAMENT**
**TEAM ROSTER**

| *TEAM INFORMATION* | | |
|---|---|---|
| Team Name | | Team OSA # |
| Club Name | | Club OSA # |
| **Gender**<br>Boys ☐<br>Girls ☐ | **Age** - Please circle your age division<br>U9 U10 U11 U12 U13 U14<br>U15 U16 U17 U18 | **Select/All Star Team?**<br>YES ☐<br>NO ☐ |

***TEAM ROSTER***

| Jersey # | First Name | Last Name | OSA # | Birthdate (mm/dd/yyyy) | Books Checked |
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***TEAM MANAGEMENT***

| | |
|---|---|
| Head Coach Name | OSA # |
| Assistant Coach/Manager Name | OSA # |

***DECLARATION OF CLUB REGISTRAR***

**DECLARATION –** I solemnly declare that the statements made in this application are true, namely that the above listed players are all registered with my club and all play on the same team, and that the above named team will participated in the Heatwave Invitational Tournament.

| | |
|---|---|
| **Name (Print) & Signature of Club Registrar** | Date<br>mm/dd/yyyy |