

**Battle in the Blue Ridge**

**Soccer Tournament Hosted By**

**Shenandoah County Soccer League**

Club Name:

Age Division: Team Name:

Coach: Phone:

Asst Coach: Phone:

|  |  |  |  |
| --- | --- | --- | --- |
| # of Players (Max #) | Player Name | Date of Birth | Jersey No. |
| 1 |       |       |       |
| 2 |       |       |       |
| 3 |       |       |       |
| 4 |       |       |       |
| 5 |       |       |       |
| 6 |       |       |       |
| 7 |       |       |       |
| 8  |       |       |       |
| 9 |       |       |       |
| 10  |       |       |       |
| 11 |       |       |       |
| 12  |       |       |       |
| 13 |       |       |       |
| 14 |       |       |       |
| 15 |       |       |       |
| 16  |       |       |       |
| 17 |  |  |  |
| 18  |  |  |  |

**Max. Roster per age group: U8 (10); U10 (12); U12 (14); U14 (18); U16 (18)**

**Note: Rosters must be certified by the sponsoring club’s registrar. Coaches may not sign/certify team rosters.**  One signed copy must be submitted at team registration. Coaches must have a signed copy at all games. (Team roster must be submitted two weeks prior the Tournament date. Identify the guest player by adding \* at the end of their last name)

I certify that all birth dates are correct and that each player meets all Tournament eligibility requirements, as stated in the tournament rules.

Club Registrar Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_