



**28th WINTER INDOOR
CLASSIC TOURNAMENT**
Feb. 23rd & 24th, 2019



**OFFICIAL INTRAMURAL
ROSTER**

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

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

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

	NAME	JERSEY #	DOB	
1				
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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's Signature:_____