



Spring Kick Tournament GAME DAY ROSTER

THIS FORM MUST BE COMPLETED & GIVEN TO REFEREE PRIOR TO GAME.

SCORES WILL NOT BE POSTED

DATE GAME PLAYED: _____

Referee: _____

AR: _____

AR: _____

SOCCER COMPLEX: _____

FIELD #: _____

YOUR TEAM NAME: _____

YOUR SCORE: _____

OPPONENT'S TEAM NAME: _____

OPPONENTS SCORE: _____

AGE GROUP: UNDER – 9 10 (circle one) BOYS _____ GIRLS _____

Coach		Phone #	
Asst. Coach		Phone #	
Manager		Phone #	
Please PRINT or TYPE – List every player, mark through those not participating in this game			
	PLAYER'S NAME	Date of Birth	JER #
			HOME ASSOCIATION (MANDATORY)
			NTX REG.# (MANDATORY)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Referees Signature _____