TOURNAMENT TEAM ROSTER

Team Name _____ Boys/Girls _____

Coaches Name _____ Age Group _____

Coaches Cell # _____

Managers Name _____

Managers Cell # _____

Jersey Color(s) _____

	LAST NAME	FIRST NAME	REGISTRATION NUMBER	NUMBER	BIRTHDATE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

I hereby certify that the above information is true and correct.
I have read the rules and policies of the CFJ Fire Fest and agree to abide by them.

_____ _____ _____

Signature of Team Coach or Manager Print Name Date