



Sanger Youth Soccer League Christmas Tree Tournament  
Dec 9<sup>th</sup> & 10<sup>th</sup>

Team Name \_\_\_\_\_ Team Record    W    L    T

Age Group:    U8,    U10,    U12    U14    Home League \_\_\_\_\_

Team Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City/ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Roster Information**

Coach _____ Phone _____ Email _____	Asst. Coach _____ Phone _____ Email _____
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Player Name	DOB( mm-dd-yy)	CYSA Number
1. _____	- - -	_____
2. _____	- - -	_____
3. _____	- - -	_____
4. _____	- - -	_____
5. _____	- - -	_____
6. _____	- - -	_____
7. _____	- - -	_____
8. _____	- - -	_____
9. _____	- - -	_____
10. _____	- - -	_____
11. _____	- - -	_____
12. _____	- - -	_____
13. _____	- - -	_____
14. _____	- - -	_____
15. _____	- - -	_____
16. _____	- - -	_____
17. _____	- - -	_____
18. _____	- - -	_____

I acknowledge that the above information is true and correct. X \_\_\_\_\_

**Please be advised that there will be a check in TBD where each parent will need to sign a waiver of liability prior to child being able to play. Information updates can also be found at: <https://tshq.bluesombrero.com/default.aspx?tabid=1874546>**