

2011 SIKESTON SOCCER TOURNAMENT ROSTER FORM

(Please Print)

Team Name: _____ City: _____ Team Color: _____

<u>Grade</u>	<u>Coed Division</u>	<u>Girls Division</u>	<u>Coach Name</u> & <u>Cell Phone</u>
Kindergarten	A	A	Coach: _____
1 (8v8)	A B	A B	Email: _____
1&2 (8v8)	A B	A B	
3 (8v8)	A B		Coach: _____
4 (8v8)	A B		
3&4 (8v8)	N/A B	A B	Coach: _____
5&6 (11v11)	A B	A B	
7&8 (11v11)	A B	A B	
9-12 Open (11v11)	A		

‡ All information is required

	‡PLAYER NAME	‡BIRTHDATE	‡SEX	‡GRADE	‡SELECT/CLUB
1					YES - NO
2					YES - NO
3					YES - NO
4					YES - NO
5					YES - NO
6					YES - NO
7					YES - NO
8					YES - NO
9					YES - NO
10					YES - NO
11					YES - NO
12					YES - NO
13					YES - NO
14					YES - NO
15					YES - NO
16					YES - NO
17					YES - NO
18					YES - NO

NOTE: Original Roster form, copies of Grade Cards and Birth Certificates will be verified at check-in. Medical release forms are required for ALL players entering the Sikeston Tournament. Grades 1 - 4 will have a max roster of 14 players and Grades 5 - 12 will have a max roster of 18 players. Awards will be given to each 1st and 2nd place team. Kindergarten will have a max roster of 14 players with each player receiving an award.

All teams entered in this tournament **MUST** have the signatures and phone numbers of the Head Coach and the affiliated league's President to certify the players' correct eligibilities as well as the correct level of play for each team.

HEAD COACH - NAME & CELL PHONE

DATE

Verified/Check-in Initials

LEAGUE PRESIDENT SIGNATURE - NAME & CELL PHONE

REC LEAGUE AFFILIATION

ENTRY FEE: \$215.00

Payable to: SYSL
PO Box 1383, Sikeston, MO 63801
Questions? Email: systourn@yahoo.com

*****A COPY OF THIS ROSTER MUST BE FAXED TO
573-471-7799 BY THR OCT 20******