

**EAST MEADOW SOCCER CLUB
INTRAMURAL TOURNAMENT ROSTER**

CLUB NAME: _____ TEAM NAME: _____

COACHES NAME: _____ PHONE: _____

COACHES NAME: _____ PHONE: _____

TEAM AGE GROUP: Under- _____ Boys _____ Girls _____

#	Last Name, First Name	Birthday	Jersey #	Checked
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**BIRTH CERTIFICATES AND MEDICAL RELEASE FORMS MUST BE
PRESENTED AT TIME OF REGISTRATION.**