



ALEXANDRIA HARVEST CUP
9V9 Recreational Tournament for U13-U19
Official Team Roster

Club & Team Name: _____

Age | _____

Gender: _____

Tournament Management

Player Name (Last, First) Medical Form | Player ID

1. _____		_____	_____
2. _____		_____	_____
3. _____		_____	_____
4. _____		_____	_____
5. _____		_____	_____
6. _____		_____	_____
7. _____		_____	_____
8. _____		_____	_____
9. _____		_____	_____
10. _____		_____	_____
11. _____		_____	_____
12. _____		_____	_____
13. _____		_____	_____
14. _____		_____	_____
15. _____		_____	_____
16. _____		_____	_____

*max roster is 16

Team Contact (Print Name) _____ Team Contact (Signature) _____

Team Contact Phone Number ____ - ____ - ____ Team Contact E-mail _____

Tournament Staff

Approved: YES | NO