

COPA DEL SOL

TEAM ROSTER

*Turn in completed form along with Insurance Information & Parental Consent for each player at check in.
Check in time will be assigned.
You will receive email notification of check in time.*

TEAM NAME: _____

GENDER _____ **AGE GROUP (see attached)** _____

INSURANCE INFORMATION AND PARENTAL CONSENT FORM for each player must be completed and attached to this roster.

	Name	Birth Date
Player 1		
Player 2		
Player 3		
Player 4		
Player 5		
Player 6		