

POSL PERRYVILLE SOCCER TOURNAMENT ROSTER

(Areas marked with an (*) are required)

(Please Print)

*Team Name: _____ *City: _____ *Team Color: _____

<u>Grade</u>	<u>*Circle one: Coed Division</u>			<u>*Circle One Girls Division</u>		<u>Coach Name</u> & <u>Cell Phone</u>
Kindergarten (6v6)	A			A		Head Coach: _____
1st (8v8)	A	B		---	---	
1 st /2 nd (8v8)	A	B	C	A	B	E-Mail: _____
3 rd (8v8)	A	B		---	---	(VERY IMPORTANT)
3 rd /4 th (8v8)	A	B	C	A	B	Coach: _____
5 th /6 th (11v11)	A	B		A	B	
7 th /8 th (11v11)	A	B		A		Coach: _____

	*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.** You may have up to 12 players on the roster for Kindergarten teams; participation awards will be given to each kindergarten player. Grades 1 - 4 will have a max roster of 14 players; 14 trophies will be given for 1st and 2nd place. Grades 5 - 8 will have a max roster of 18 players; 18 trophies will be given for 1st and 2nd place. Where applicable, 3rd place trophies may be given in. Please see schedule notes to determine.

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 – SIGNATURE (REQUIRED) & CELL PHONE

DATE

*LEAGUE PRESIDENT –SIGNATURE (REQUIRED) & CELL PHONE

REC LEAGUE AFFILIATION

ENTRY FEE - Please check www.PerryvilleSoccer.org
CHECKS PAYABLE TO: POSL
 Questions? Email: perryvillesoccer@yahoo.com
www.PerryvilleSoccer.org

Verified at
Check-in

MAIL ROSTER & ENTRY FEE TO:
POSL Tournament Director
PO Box 266
Perryville, MO 63775