



SANTA CRUZ 7 ON 7 COED SOCCER TOURNAMENT



Sky Park, Scott's Valley July 9th & 10th

Tournament Roster

Team Name: _____

Division (full name): _____

Team Manager: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (hm): _____ **Work:** _____

Fax: _____ **Email:** _____

Players must meet age requirements as stated in tournament divisions and may meet the minimum age requirement during the calendar year. Players may play on one team **only** per tournament weekend. Rosters are not required to be complete until registration on tournament day. Rosters cannot be changed after 1st day. A max of 14 players per roster - minimum of 10 players. **All players are required to wear shinguards**

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

7: _____

8: _____

9: _____

10: _____

11: _____

12: _____

13: _____

14: _____

Any questions: Phone 831.429.5464 • Email orcatroy@orcaspports.com