



TOURNAMENT OFFICIAL ROSTER

Team Name:

Birth Year:

Elite AAA:

AAA/AA:

CEP# (optional)

Head Coach:

Head Coach Phone #:

Assistant Coach:

Assistant Coach:

Manager:

Manager Phone:

Jersey#	Player Last Name	Player First Name	DOB (mm/dd/yyyy)	Position
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**Please complete and return no later than
30 days before start of tournament.**

SAVE AS **BIRTH YEAR & TEAM NAME** (Example: 2014 CCM Selects.pdf)

Email this document to: Linda@200x85.com or Bella@200x85.com