

PERRYVILLE CUP SOCCER TOURNAMENT 2010 ROSTER

(Please Print)

Team Name: _____ City: _____ Team Color: _____

Circle one: <u>Grade</u>	<u>Coed Division</u>	<u>Girls Division</u>	<u>Coach Name</u> & <u>Cell Phone</u>
Kindergarten (8v8)	A		Coach: _____
1&2 (8v8)	A B	A B	
3 (8v8)	A B	N/A N/A	E-mail: _____
4 (8v8)	A B	N/A N/A	
3&4 (8v8)	N/A N/A	A B	Coach: _____
5&6 (11v11)	A B	A B	
7&8 (11v11)	A B	A B	Coach: _____
9-12 Open (11v11)	A		

	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 14 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 - 12 will have a max roster of 18 players; 18 trophies will be given for 1st and 2nd place.

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 & CELL PHONE

DATE

LEAGUE PRESIDENT -SIGNATURE & CELL PHONE

REC LEAGUE AFFILIATION

ENTRY FEE \$200
CHECKS PAYABLE TO: POSL

Verified at Check-in

MAIL ROSTER & ENTRY FEE TO:
Greg Powderly
POSL Tournament Director
800 Sunset Dr.
Perryville, MO 63775

Questions? Call Greg Powderly @ (573)547-6011