



Team Roster

- U8-U19 RECREATIONAL
 U8-U19 COMPETITIVE
 CO-ED OPEN RECREATIONAL (OVER 18)
 CO-ED OPEN COMPETITIVE (OVER 18)
 ADULT OPEN RECREATIONAL
 ADULT OPEN COMPETITIVE
 FEMALE OPEN
 OVER 30 OPEN

NAME OF TEAM	AGE GROUP	SIGNATURE OF TOURNAMENT OFFICIAL
HEAD COACH	ASSISTANT COACH/MANAGER	
STREET ADDRESS	STREET ADDRESS	
CITY	STATE	ZIP
PHONE	FAX	EMAIL

TEAM PLAYERS

NAME (LAST, FIRST, MI)	PLAYING REC	LEVEL COMP	YEARS OF COMP PLAY	DATE OF BIRTH (MM/DD/YY)	GENDER	AGE
1. _____						
2. _____						
3. _____						
4. _____						
5. _____						
6. _____						

REPLACEMENT PLAYERS

7. _____						
8. _____						
9. _____						
10. _____						
11. _____						
12. _____						

RESPONSIBILITY STATEMENT

My team will conduct itself in a manner respecting the facilities, other players, referees, volunteers, and administrative staff of Pinnacle Sports Tournaments, Inc., while participating in the Twisted 4v4 Soccer Shootout. Further, I understand that if any team is found using or in possession of drugs, alcohol or in violation of FYSA, USYSA, USSF, and/or tournament rules and regulations, the result will be my team's immediate ejection from the competition.

SIGNATURE OF COACH	DATE	SIGNATURE OF ASSISTANT COACH/MANAGER	DATE
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