

Scarborough Soccer Association

ALBERT CAMPBELL "ALL STAR" TOURNAMENT

FESTIVAL U7 TEAM ROSTER



Players MUST register with the Field Convener 60 minutes prior to first game

Team Information:

Club Name: _____ OSA Number: CD-_____

Team Name: _____ OSA Number: CD-_____

Born on/after Jan. 1, _____ Age Group: _____

Coach's/Manager's Name: _____ Signature: _____

Club Official Name: _____ Signature: _____

The Club Official's signature confirms that all players listed are currently registered with their Club for the current outdoor season.

Player Information:

	Shirt No.	Player's Name	Date of Birth	OSA Number	
1					For Tournament Use Only
2					
3					
4					
5					
6					
7					
8					
9					
10					
Mini Teams – 5 v 5 (U7) can register and dress a maximum of 10 players					

IMPORTANT:

Team Representatives must complete this roster and bring it when registering. The signature of the manager or coach signifies agreement to abide by the rules of competition of the FIFA, CSA, OSA and its District Association and the rules of the Tournament.