

# 2018 SIKESTON SOCCER TOURNAMENT ROSTER FORM

Dates : November 10 & 11 2018

(Please Print)

Team Name: \_\_\_\_\_ City: \_\_\_\_\_ Team Color: \_\_\_\_\_

Grade	Coed Division	Girls Division	Coach Name & Cell Phone
Kindergarten(6v6)	A	A	Coach: _____
1 (8v8)	A B	A	
1&2 (8v8)	A B	A B	Email: _____
3 (8v8)	A B	A	
4 (8v8)	N/A B	A B	Coach: _____
3&4 (8v8)	A B	A B	
5&6 (11v11)	A B	A B	Coach: _____
7&8 (11v11)	A B	A B	
9-12 Open (11v11)	A B		

	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. Grades 1 - 4 will have a max roster of 14 players and Grades 5 - 12 will have a max roster of 18 players. Trophies/Medals will be given to each 1<sup>st</sup> and 2<sup>nd</sup> place team. Kindergarten will have a max roster of 12 players with each player receiving a participation award.

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 - NAME & CELL PHONE

\_\_\_\_\_  
DATE

Verified/Check-in Initials

\_\_\_\_\_  
LEAGUE PRESIDENT SIGNATURE - NAME & CELL PHONE

\_\_\_\_\_  
REC LEAGUE AFFILIATION

PAID: YES NO

**\*\*\*A COPY OF THIS ROSTER MUST BE FAXED TO**

**573-471-1068 or emailed to [jscotmcmullan04@yahoo.com](mailto:jscotmcmullan04@yahoo.com) by **Monday October 29, 2018**\*\*\*\***

ENTRY FEE: \$225.00 \*\* (\$200.00 for Kindergarten)  
Payable to: SYSL  
PO Box 1383, Sikeston, MO 63801

Questions? Scot McMullan (573)703-1997  
email: [jscotmcmullan04@yahoo.com](mailto:jscotmcmullan04@yahoo.com)