



UNIONVILLE MILLIKEN SOCCER CLUB
2009 CHALLENGE CUP
 June 6 & 7, 2009
Team Roster

CLUB: _____ **TEAM:** _____ **AGE GROUP:** _____

COACH: _____ **MANAGER:** _____

Seq	Player's Name	Shirt #	Year of Birth	Guest Player	OSA Number	Checked by:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
Roster Maximum for Mini Teams (U8,U9,U10)						
15						
16						
17						
18						

On behalf of the players, team officials and team supporters, I agree to abide by the Tournament rules as set out by the Tournament Committee, including strict adherence to the CODE OF CONDUCT and ZERO TOLERANCE set therein and accept responsibility to ensure that the players, team officials and team supporters, are made aware of and abide by these rules. I acknowledge that the information as stated above is complete and accurate.

Team Official Signature: _____ **Phone Number:** _____

Team Official Title: _____ **Alternate Phone:** _____

Tournament Registrar: _____ **Date:** _____