2015 Framingham Memorial Day Tournament Roster

Town / Club:		Age Group:		Date:	

Team Name:		Division	Shirt / Shorts Color	Boys / Girls
League:				

Coach:		Telephone:			
Address:		City:		State:	
Ass't Coach:		Telephone:			
Address:		City:		State:	

	Shirt #	Last Name	First Name	D.O.B	City	State	Telephone
1							
2							
3							
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19							

Coach Certification

I certify that I will comply with MYSA/USYSA and League's bylaws, playing rules & Coaches Code of Conduct, and know the penalties for non-compliance.

Coaches Signature: _____ **Date:** _____

Club's Registrar Signature: _____ **Date:** _____