

# Celtic Futsal Classic Roster

Club Name:

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Team Name:

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Coach Name:

Coach Phone:

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Coach Email:

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Age Group (Circle one):    **U11B**        **U13**        **U15B**        **U18B**        **U18G**

	Player Name	Date of Birth	Parent Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Tournament check in will be at least 30 minutes prior to your teams first game.

Required documents for check-in

1. Completed roster
2. Signed releases

A copy of players birth certificates or affiliated soccer association player pass must be on hand to verify age in the case of a dispute.