

CASCADIA COASTAL CUP

OFFICIAL 2023 ROSTER

CLUB:

TEAM NAME:

GENDER:

AGE GROUP:

PLAYER CARDS ISSUED BY:

*ALL INFORMATION MUST BE TYPED. NO HAND WRITTEN NAMES ARE ALLOWED.*

|  |  |  |  |
| --- | --- | --- | --- |
| **JERSEY #** | **PLAYER NAME** | **DATE OF BIRTH** | **PLAYER #**  **(if available)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **COACHING STAFF** | **CELL #** | **EMAIL ADDRESS:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*I certify that all included information is accurate. I understand that any incorrect information may*

*result in disqualification of my team(s).*

REGISTRAR / D.O.C. / CLUB OFFICIAL NAME & TITLE PRINTED:

SIGNATURE:

EMAIL ADDRESS TO RETURN CERTIFIED ROSTERS TO:

**ROSTER & CHECK-IN INSTRUCTIONS: PLEASE FOLLOW CLOSELY:**

**1)** All Primary Team Contacts will receive an emailed link to our Online Check-In Portal starting Monday, July 31. **2)** Complete all roster & coach info above. All information must be typed. No handwritten entries allowed.

**3)** Your Club Registrar, DOC or certified Club Official must print & sign the above, scan it and upload it through the Online Check-In Portal. This completed form must be uploaded no later than midnight Tuesday, August 8th.

**4)** Once reviewed by our tournament officials, we will email the Primary Team Contact your Certified Roster.

**5)** Please print 6 copies of this Certified Roster and give one copy to each of your referees before all games.