Sylmar Summer Warm Up Tournament Roster

TEAM NAME: _____

MANAGER'S NAME: _____

MANAGER'S PHONE: _____

Division: 6U 8U 10U 12U 14U (circle one)

Player's Name	***Age	DOB	Parent Signature	DOB checked by league

***Age as of 12/31/2016

Please turn in roster form at Check-In, no later than 1 hour prior to your first scheduled game.

Important: Each team manager shall be responsible to keep legal copies of birth certificate or photo USA cards at all times during the tournament in the event of a protest.