

# Burnsville Invitational Tournament

## Roster Form

Please complete the form below and bring it to check in 1 hour prior to your first game.

Along with this form, please provide birth certificates for all players and copies of coaches concussion and SafeSport certificates.

**Age/Level: (circle one)**

10A	11A	12A	13A	14/15A	15AA
10AA	11AA	12AA	13AA	14AA	15AAA
10AAA	11AAA	12AAA	13AAA	14AAA	

**Team Name:**

**Coach Information:**

Head Coach:		Phone Number	
Assistant Coach:		Phone Number	
Assistant Coach:		Phone Number	
Asst Coach/Manager:		Phone Number	

**Player Information:**

	Player Name	Jersey Number	Birth Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

**Please circle which State bid your team has already earned**

MBT                  GOPHER                  MSF