

Burnsville Invitational Tournament

Roster Form

Please complete the form below and bring it to check in 1 hour prior to your first game at the field you are
 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 |
| 10AA | 11AA | 12AA | 13AA | 14AA |
| | 11AAA | 12AAA | 13AAA | 15AA |

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