CLASH OF GIANTS 3v3 TOURNAMENT
ROSTER VERIFICATION FORM

TEAM NAME: _____ **BOYS/GIRLS** **AGE DIVISION** _____
Circle One

We hereby verify that the roster we submit for the **3v3 HOLIDAY CLASSIC** contains all players who will participate in the **3v3 HOLIDAY CLASSIC TOURNAMENT** Event, all players who are registered with some USSF affiliate (USYSA or US Club Soccer), and that all players are in good standing with the State Association of their registered affiliation, and meet the age requirements of our team's division in the **event (team is registered in age division of or older than, team's oldest born player).** I accept responsibility for leadership of my team's sportsmanship and gamesmanship. My team understands and I acknowledge on their behalf that the event does NOT PROVIDE INSURANCE of any kind for players, and I attest that the participants on my team are fully aware.

TEAM OFFICIAL (print) _____ **TITLE:** _____

_____ _____
TEAM OFFICIAL SIGNATURE **DATE**

AGE DIVISIONS USED BY USSF WILL APPLY. TEAM AGE WILL BE DESIGNATED BY OLDEST PLAYER ON TEAM. IF YOU NEED TO SEE AN AGE CHART PLEASE ASK AN EVENT DIRECTOR.

TEAM ROSTER FOR TEAM NAME: _____

Player #1 _____ DOB _____

Player #2 _____ DOB _____

Player #3 _____ DOB _____

Player #4 _____ DOB _____

Player #5 _____ DOB _____

Player #6 _____ DOB _____