GSC All Star Tournament

TEAM REGISTRATION

Team Name _____ **City/Town** _____

Team OSA # _____

Your Uniform Colour(s) **Home** _____ **Away** _____

Coach Name _____

Coach Email _____

Contact # during tournament (include area code) _____

Jersey #	Players Full Name (LAST NAME, First Name)	OSA Registrant Number	DOB (MM/DD/YY)
GUEST PLAYERS		**OSA Registrant Number**	**DOB (MM/DD/YY)**

Staff Names		OSA Registrant Number
Coach		
Assistant		
Manager		
Other		