# EUSTACE COLLINS MEMORIAL TOURNAMENT

## TEAM REGISTRATION

**Team Name** _____ **City/Town** _____

**Team OSA #** _____

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

**Coach Name** _____

**Coach Email** _____ **Phone #** _____

**Contact # during tournament (include area code)** _____

| Jersey # | Players Full Name (LAST NAME, First Name) | OSA Registrant Number | DOB (MM/DD/YY) |
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| GUEST PLAYERS | | OSA Registrant Number | DOB (MM/DD/YY) |
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| STAFF NAMES | | OSA Registrant Number |
|---|---|---|
| COACH | | |
| ASSISTANT | | |
| MANAGER | | |
| OTHER | | |