



BOB SCHRAGER MEMORIAL LONG ISLAND CUP TOURNAMENT INTRAMURAL ROSTER FORM

BOYS _____ **GIRLS** _____ **AGE U** _____ **DIVISION** _____
(For OUSC use only)

Team Name: _____ Club: _____ League: _____

Coach: _____ Phone # _____ Asst. Coach: _____ Phone # _____

Colors: Jersey: _____ Shorts: _____ Alternate Jersey: _____

ROSTERS MUST BE PRINTED LEGIBLY OR TYPED!! Maximum Player Rosters: U9 & U10 (15) U11(15) U12 and up (18)

<u>PLAYER (ALPHABETICAL)</u>	<u>UNIFORM #</u>	<u>BIRTHDATE</u>	<u>Intramural Youth Affiliation</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

All players listed on this roster are registered and insured intramural players in our USSF affiliate youth program.

Officer Name (PRINT)

Officer Approval (SIGN)

Club Name/Title (PRINT)

Date