

2024 Sunrise Memorial Tournament Roster

Team:			
Manager:		Division:	10U___ 12U___ 14U___
Phone:		Email:	

Coach	Phone	Email

	Player Name	Jersey #	Birthdate	Parent Name	Phone	Email	SLL Use Only BC ✓
1							
2							
3							
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18							

By signing this document, I attest that all names, information and birthdates are correct. If for any reason this information is not correct, has been altered or forged it is the sole decision of the tournament director whether to remove a player, manager, coach, or entire team.

Manager signature: _____

Date: _____

SLL Use Only: Paid: _____ BC: _____ Note: _____
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