FATHER'S DAY FIESTA • JUNE 20–21, 2026

ALL-STAR TOURNAMENT

OFFICIAL TOURNAMENT ROSTER

Age Group: U- **Boys** ☐ **Girls** ☐ **Season:** 2026

Club Name: **Team Name:**

Coach Name: **Email:**

Cell Phone:

List a phone number where you can be reached at all times during the tournament in case of schedule changes.

#	Player's Name	Uniform #	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			
9			
10 *U8 max*			
11			
12			
13			
14 *U9–U10 max*			
15			
16 *U11–U12 max*			
17			
18 *U13 & older max*			

I certify that the players listed above are recreational players, properly registered with their state soccer association, and meet the tournament's criteria for age.

Printed Name: **Title:**

Signature:

Must be signed by the club registrar or other authorized club official (NOT the coach). Turn in TWO copies at tournament check-in. All information is held in strictest confidence and is intended for tournament use only.