Valor 3v3 Community Cup Roster Sheet

2025

Age Group:

- ☐ **U8**
- ☐ **U9**
- ☐ **U10**
- ☐ **U11**
- ☐ **U12**

Gender:

- ☐ **Boys**
- ☐ **Girls**

Club Name (if applicable):_____ Team Name: _____

Coach/Parent Name: _____ Email: _____

Telephone: _____ Cell Phone: _____

****It is important we can contact you at all times during the tournament in case of tournament changes. List phone numbers so we can contact you during the tournament****

Number of Players	Player's Name	Uniform Number	Date of Birth
1)			
2)			
3)			
4)			
5)			
6)			

I certify that the players listed above are in the correct age group as stated in the 'date of bith' column.

Printed Name: _____

Title: _____

Signature: _____

The roster must be signed by the team parent or coach representing the team. Turn in one copy at tournament check-in. All information provided will be held in strictest confidence and is intended for tournament use only.