

Halloween BOOOT-Out Roster

Team Name: _____
Contact Name & Cell #: _____
Club Name & City: _____
Primary Jersey Color: _____
Secondary Jersey Color: _____

Player Roster

***Only the players listed on this registration form will be permitted for tournament play. Player passes will be checked half hour before first game.

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |