

Halloween BOOOT-Out Roster Team

Team Name: _____

Contact Name & Cell #: _____

E-Mail: _____

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 at registration.

1. _____ 8. _____

2. _____ 9. _____

3. _____ 10. _____

4. _____ 11. _____

5. _____ 12. _____

6. _____ 13. _____

7. _____ 14. _____