

**34th ANNUAL HARVEST CUP SOCCER TOURNAMENT
FINAL ROSTER**

SCHOOL _____ Elementary _____ Middle _____ Boys _____

COACH'S NAME _____ Phone _____ Girls _____

Address _____ Email _____

NAME (please print)	Grade / Age	Phone # or Email	Paid	T-Shirt Size	Permission Form <input checked="" type="checkbox"/>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

MAXIMUM 20 PLAYERS

DUE TO COMMUNITY SERVICES BEFORE TOURNAMENT GAMES BEGIN

ROSTER APPROVED BY SCHOOL ADMINISTRATOR _____ DATE _____