# Stratford Classic

# TEAM ROSTER

To be submitted to SYS before the tournament at registration

TEAM NAME: _____ GENDER: ____ AGE GROUP:_____

| # | Player's Name | Date of Birth | OSA Reg # | Guest |
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***PLEASE PRINT CLEARLY***

Coach's Name: _____ SEOS# _____

Assistant Coach's Name: _____ SEOS# _____

Assistant Coach's Name: _____ SEOS# _____

Manager's Name: _____ SEOS#_____

Contact Cell Phone (during tournament): _____

**APPROVED**: (for use of SYS official) _____