



Clarence Classic Tournament

Online Check in will **begin on June 10 and END ON JULY 17 PRINT and SCAN this form** along with supporting information and email/scan to **Ann Marie Kramer** at kramer.annmarie@yahoo.com in the subject head indicate your team name, gender and division.

FULL TEAM NAME: _____

GENDER: _____

AGE GROUP/DIVISON: _____

Checklist:

_____ **Certified Team Roster (cross out players not coming and add guest players to bottom of roster, you cannot exceed roster limits)**

_____ **Photocopy of Player passes Front and Back.**

_____ **Guest Players, if any. (Max of 3)**

_____ **By Checking this box, the coach/manager is in possession of all MEDICAL RELEASE FORMS**

_____ **By Checking this box, the coach/manager is in possession of all LIABILITY WAIVERS**

Coaches/Team Managers Signature

Date

Please remember to swing by Tournament HQ at the Clarence Soccer Center for your Coaches Gift, bag, and sportsmanship pins.