

FC Wisconsin Tournament Roster

Team Name: _____
Age Group: _____ Gender: _____
Manager: _____ Cell: _____
Coach: _____ Cell: _____

Office use only			Date:	Time:		
ID	Medical Release	FC Waiver	Jersey #	Name	Birthdate	Parent Cell #

Proof of age is one of the following - * Player's passport, *Player pass (current or expired), copy of Player's birth certificate, * Drivers License, *State or School ID