

2010 Gateway Boys' 15s, 16s, 17s & 18s Regional Championships

OFFICIAL TEAM ROSTER

CLUB NAME:

TEAM NAME:

CLUB/TEAM CODE:

TEAM REP:

ADDRESS:

CITY:

STATE: ZIP + 4: -

HOME PHONE:

WORK PHONE:

EMAIL (required):

MAKE CHECK PAYABLE TO:

Gateway Region USAV

MAIL FORM TO:

Gateway Region Office

10075 Bauer Rd

St Louis, MO 63128



Team Rep - Complete Prior to Sending with Entry Fee

TOURNAMENT NAME: Boys' 15s -18s Regionals

TOURNAMENT DATE: February 27, 2010

PLAYING SITE: Belleville Sportsplex

TOURNAMENT DIRECTOR: Nicki Fisaga

ENTRY FEE: \$175 (\$200 after deadline)

ENTRIES RECEIVED BY: Feb 15, 2010

Entries received by deadline are guaranteed entry into the tournament. After the deadline, teams will be accepted as needed to fill pools (\$200 entry fee).

TOURNAMENT LEVEL: (CHECK APPLICABLE)

Boys 15/16

Boys 17/18

* THIS TEAM IS CERTIFIED FOR JUNIOR OFFICIATING

The Gateway Region requires that an IMPACT certified coach be on the bench.

Event will be seeded based on region results.

TOURNAMENT ROSTER (Must be updated prior to start of play)

#	NAME	PLAYER USAV #	LEVEL	UNIFORM NO.	CHECK ALL THAT APPLY	
					REFEREE	SCOREKEEPER
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPACT Certified Coach:

Signature of Team Representative

Date Signed

By signing, I certify that the above information is correct and I agree to abide by the rules / policies of the Gateway Region and USAV