Saint Vincent College

5v5 Tournament Team Roster

To be filled out by Coach/Organizer

Please submit this form with all of the player's individual registration forms. This will allow us to insure accuracy of team lists. If you are sending more than 1 team – please make copies of this form and identify the team name. Individual checks from the players are fine. We would appreciate receiving all the registration forms in the same mailing as it would make it easier to organize the tournament and eliminate any confusion.

Team Name: _____

Coach/Organ	ıızer:		nail:				
	team must consist of a owed on each roster.	t least 5 field player	s and one g	oalke	epe	r. A maximum of	10 total
price will rise to \$	on Fee/Deadline: The of 40.00. The fee is due be mailed along with common Mary Powers Box #MP St. Vincent Common St. Vincent C	y Nov 1 st . Checks ma omplete registration College Rd	ay be made	paya	ble t	to Saint Vincent \	Women's
1			S	M	L	XL	
2			S	M	L	XL	
3			S	M	L	XL	
4			S	M	L	XL	
5			S	M	L	XL	
6			S	M	L	XL	
7			S	M	L	XL	
8			S	M	L	XL	
9			S	M	L	XL	
10			S	M	L	XL	

Questions? Please contact Grad Assistant, Mary Alice Powers at 717-332-3186 or mary.powers@email.stvincent.edu