Cougars Spring Cup 2020

Tournament Registration

Name of Team: _____

Division & Level: _____

Home Colour: _____ **Away Colour**: _____

Team Roster:

Jersey	Player Name	Date of Birth	Position	18/19 Association & Division

I hereby certify the above team list to be correct, including placing A/P by any affiliate players.

Head Coach: _____ **Signature:** _____

Phone: _____ **Email:** _____

Manager: _____ **Signature:** _____

Phone: _____ **Email:** _____