



# ELGIN MIDDLESEX SOCCER ASSOCIATION OFFICIAL TEAM ROSTER

CLUB NAME \_\_\_\_\_  
TEAM NAME \_\_\_\_\_  
TEAM AGE DIVISION \_\_\_\_\_

CLUB NUMBER \_\_\_\_\_  
TEAM NUMBER \_\_\_\_\_

#	PLAYER NAME	JERSEY	OSA REG NUMBER	BIRTHDATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

TEAM STAFF				
				HEAD COACH
				ASSISTANT COACH
				ASSISTANT COACH
				MANAGER

TOURNAMENT NAME: \_\_\_\_\_  
TOURNAMENT DATE: \_\_\_\_\_  
ATF# \_\_\_\_\_

The club certifies that each of the players and coaching staff listed above has travel/MEDICAL insurance and has kept copies with the tournament documentation.

The club also certifies that the tournament is a sanctioned event for the team type and has provided a copy of the **official** Permission to Host documentation.

\_\_\_\_\_  
signature of Club Official                      OSA number                      EMSA initials & stamp for PTH

\_\_\_\_\_  
print name

\_\_\_\_\_  
District Administrator\*                      OSA NUMBER  
Elgin-Middlesex S.A.

\*the DA verifies that the above listed names are registered members of the OSA

**YOU MUST TYPE IN ALL INFORMATION - HANDWRITTEN COPIES WILL NOT BE ACCEPTED**