

Annual Salt City Shootout

Youth 7v7 Boys Lacrosse Tournament

TEAM ROSTER FORM

TEAM NAME: _____

Supervisor/Coach: _____

Phone: _____ Email: _____

Player	D.O.B.	Address	Phone	Email
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
Alt.				

Completed Rosters must be received no later than Tuesday, June, 17th 2014! No Exceptions!
Only players listed on this roster are eligible to play. Players may not play on more than one team.
Rosters may be faxed to: _____ or email: saltcitylaxshootout@gmail.com