



**TEAM ROSTER**

**Big Apple Memorial Six-A-Side Tournament  
May 27<sup>th</sup> & 28<sup>th</sup>, 2023  
Aviator Sports & Recreation Complex**

TEAM NAME: \_\_\_\_\_

DIVISION: *(Circle one)*

Women      U-14

MANAGER: \_\_\_\_\_

U-19      U-16

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: Home: \_\_\_\_\_

Fax: \_\_\_\_\_

Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

PLAYERS: *(Please print, including first and last names)*

	<u>NAME</u>	<u>SHIRT #</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Teams Colors:      Shirt: \_\_\_\_\_      Pants: \_\_\_\_\_      Socks: \_\_\_\_\_

BAHF, Inc. and the Organizing Committee do not provide medical insurance for participants. All players must have medical insurance that is valid in the United States.