



10<sup>th</sup> ANNUAL  
**Section One Mike Murphy Memorial  
 VIP Tournament**

**TEAM ROSTER**

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Region: \_\_\_\_\_ City: \_\_\_\_\_

Team name: \_\_\_\_\_

Team Colors - Shirt: \_\_\_\_\_ Shorts: \_\_\_\_\_ Socks: \_\_\_\_\_

Team Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coach: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Asst. Coach 1: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

**For shirt sizes please indicate Youth (Y) or Adult (A). For example – YXL, AS**

Coach Shirt: Size \_\_\_\_\_ Size \_\_\_\_\_

#	Player ID#	Player Name	Telephone	Date of Birth	Shirt Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

The team roster must be signed by the regional commissioner or designee.

\_\_\_\_\_ print name \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_ phone \_\_\_\_\_