** Adam Schuster Soccer Tournament**

**Tournament Guest Player Roster**

**Tournament: 2015 Adam Schuster Memorial**

**Dates of the Tournament: October 23 – 25, 2015**

**Name of Tournament Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Division \_\_\_\_\_\_\_\_\_**

**Name of Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| Name of Guest Player | Name of Guest Player Team | League | Birthdate | Guest Player Pass Number |
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**Coach/Team Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Bring To: Schuster Tournament Check-In**