



OSA Special Event Roster

AGE GROUP: Under Boys Girls	CLUB:
TEAM NAME:	COACH:
COLORS:	ADDRESS:
EVENT: _____	CITY: _____
DATE: _____	STATE : _____ ZIP: _____
TOTAL NUMBER OF PLAYERS:	PHONE:

Please note that a special event roster is allowed for small-sided games. This roster is approved only for the above-named event and date. Always check tournament rules for the maximum number of players allowed.

	PLAYER'S NAME	PHONE #	REGISTRATION #	CLUB	BIRTHDATE	JERSEY#
1						
2						
3						
4						
5						
6						
7						
8						

For 6 V 6 small-sided games as part of a special event:

9						
10						
11						
12						

Coach's signature: _____ OSA Registrar: _____

Date: _____ Date: _____