



OSA Special Event Roster

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

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

Coach's signature: _____

OSA Registrar: _____

Date: _____

Date: _____