

EUSTACE COLLINS MEMORIAL TOURNAMENT

TEAM REGISTRATION

Team Name	City/Town
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Team OSA # _____

Your Uniform Colour(s)	Home	Away
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Coach Name

Coach Email	Phone #

Contact # during tournament (include area code)

Jersey #	Players Full Name (LAST NAME, First Name)	OSA Registrant Number	DOB (MM/DD/YY)
GUEST PLAYERS		OSA Registrant Number	DOB (MM/DD/YY)

STAFF NAMES		OSA Registrant Number
COACH		
ASSISTANT		
MANAGER		
OTHER		