2010 BRIDGEWATER CHALLENGE CUP SOCCER TOURNAMENT

BRIDGEWATER YOUTH SOCCER ASSOCIATION
P. O. BOX 562
BRIDGEWATER, MA 02324

ROSTER

GIRLS:____ BOYS:____ AGE: U16___U14___U12___U10___

TOWN/STATE:_____ TEAM NAME:_____

COACH:_____ASST. COACH:_____

TEAM COLORS: JERSEY_____SHORTS_____

Jersey No.	Last Name	First Name	DOB (mm/dd/yy) **MANDATORY**	Medical Release(y/n) **MANDATORY**

Rcv'd BYSA _____Apprv'd BYSA_____