OFFICIAL TEAM ROSTER FOR TCYSA CUP MATCH 2017-18

This form is to be used for all **TCYSA Cup games**. Both teams are to provide two (2) copies to the referee for each game. Both teams are to report final score to the Cup Coordinator via email to srdir@cmfsc.ca

Match Information				
Home Team	**Away Team**	**Field**	**Date**	**Time**

Team Information			
Club	**Full Team Name**	**Age Group**	**Gender**
Team Colours	**Jerseys**	**Shorts**	**Socks**
Alternate Colours	**Jerseys**	**Shorts**	**Socks**
Team Personnel	**Name**	**Email**	**Phone**
Manager			
Head Coach			
H-C Qualifications	Soccer for Life ( ) B Pre-Test/C-License ( ) B Prov ( ) B Nat ( ) A License ( )		
Additional Staff			
Additional Staff			

First Name	Last Name	BCSA ID No.	Jersey No.	OOD

Referee Name or Number	Referee Signature