

Team Colors _____

I certify that the above information and roster is correct and all players are officially registered by the state association.

Signature _____ Date _____

Deadline for this application is May 10, 2019. Make checks payable to HUSA.

Please mail to: Ed Young
Tournament Director
10 Briscoe Terrace
Hazlet, New Jersey 07730
908-902-1761
edwardbyoung5@gmail.com
TEAM ROSTER

<u>NAME OF PLAYER</u>	<u>UNIFORM NUMBER</u>	<u>BIRTH CERTIF.</u>	<u>MEDICAL RELEASE</u>
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