**OFFICIAL TOURNAMENT TEAM ROSTER**

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| **Team**  |  |
| **Division** |  |
| **Coach**  |  |
| **Manager**  |  |
| **Assistant Coach** |  |
| **Assistant Coach** |  |

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| **#** | **Player’s Name** | **OSA #** | **Birthdate** |
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**PLEASE PROVIDE THE FOLLOWING at CHECK-IN (1 hour before your first game):**

 **OSA Roster**

 **Travel permit if your team is outside of Niagara.**

 **Typed game sheets for every game in the tournament.**

**Failure to provide accurate information about players, coaches, or your team may cause your team to forfeit games in the tournament.**