2023 DISCOVERY CUP TEAM INFORMATION PLEASE PRINT LEGIBLY

Club:		Team:	
Age Group:		State:	
Registration Checklist:			
Official Roster	Player Passes	Permission to Travel	Team Info Sheet
Contact Information:			
Coach Name:		Manager Name:	
Coach Mobile:		Manager Mobile:	
Coach Email:		Manager Email:	
	tify that I am in possession ent and/or legal guardian.	of a medical release form for each	rostered player that is
Print Name X			
Sign Name X			
score and disciplinary acti record will be considered leaving the field will also r	ion. Once the Game Sheet accurate and final and will result in the score and disc	ust sign the Game Sheet after each is signed I understand that the scorn not be changed. Failure to sign the iplinary action to be considered fin	re and disciplinary e Game Sheet before al.
FIELD MANAGER: I under indicated on the Field Ma match.	stand that my team is REQ nager Schedule. Failure to	UIRED to provide a field manager f not comply will result in the forfeit	for my game, if so ture of my team's
Print Name X			
Sign Name X			