NVSC/NPSC Fall Classic Recreational Tournament Roster 2026

Age Group: U-_____ Girls_____ Boys _____ _____

Club Name: _____ Team Name: _____

Coach Name: _____ Email _____

Telephone: (xxx) xxx-xxxx Cell Phone (xxx) xxx-xxxx

It is vital we be able to contact you at all times during the tournament in case of tournament changes. List phone numbers so we can contact you during the tournament

No. of Players	Player's Name	Uniform* Number	Date of Birth	Guest Yes/No
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				
22)				

* If Applicable

I certify that the players listed above are recreational players, from the same recreational club, properly registered with their state soccer association, and meet the tournament's criteria for age.

Print Name: _____

Club Position: _____

Signature: _____

The roster must be signed by the club registrar or other authorized club official (NOT the coach). Turn in TWO copies at tournament check-in; signed version by NVSC will be returned for use during the tournament. All information provided is intended for tournament use only.