

ICEBREAKER SOCCER TOURNAMENT

TEAM BENCH LIST

Team Name _____

Boys Girls Age U _____

PLEASE PROVIDE CONTACT PHONE NUMBER WHILE IN OTTAWA.

Head Coach

Name _____ Phone # _____

Assistant Coach

Name _____ Phone # _____

Assistant Coach

Name _____ Phone # _____

Manager

Name _____ Phone # _____

Trainer

Name _____ Phone # _____

1. TEAMS ARE REQUIRED TO SIT ACROSS THE FIELD FROM THEIR PARENTS AND SUPPORTERS.
2. ONLY THE STAFF LISTED ON THIS FORM MAY SIT WITH THE TEAM DURING GAMES.
3. PLEASE SUBMIT THIS FORM WHEN REGISTERING