2021 PCU Summer Classic: Team Contact Sheet



Team Check-In:

Please print this form and bring it with you to check-in.

Check-in your team <u>at least one-hour prior</u> to your team's first game by visiting Tournament Headquarters at Delta Park and Buckman Field, or the Field Marshal tent at Grant Park and Columbia Annex (day-of check-in only).

Team Birth Year:	Girls / Boys	(Circle One)	US Club / USYS /				
Team Name:		Team Represe	ntative:				
Phone #:	Email:						
Please bring the following with you (rosters stamped at check-in):							
Signed Team Roster: 5 copies with players names, birthdays & jersey numbers). No player cards, signed rosters only.							
Team Medical Releases: All rostered players must have a signed medical release to present at check-in.							
Signature of Team Representative:							

For	Offi	ce U	se	Onl	y:

Signature of PCU Staff (completed at check-in):