



Gold Coast Champions Cup

International Youth Soccer Tournament

Team/Officials/Players List

Team/Customer Number

Team Name		Age Grp	
from Club/School Club		No. Players	
Team Contact Name:			
E-mail			

Coaches & Officials Information

	First Name	Last Name	Phone during Tournament	Dr. Lic. Or PPort No.
Team Coach				
Assistant Coach				
Team Manager				
Other Official				

Players Information

No.	First Name	Last Name	Date of Birth	Federation Reg. No	Int'l teams Passport No.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Team/Customer

Team Name	<input type="text"/>	Age Grp	<input type="text"/>
Playing Strip Details	<input type="text"/>		
Alternate Strip Details	<input type="text"/>		
Other information?	<input type="text"/>		
Date Form Completed	<input type="text"/>		

Notes:

1. All teams can only have a maximum of 4 guest players in their squad.
2. School teams Must all be registered with their state Federation and players must be registered at the same school

Contact us

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