



LKCYL Football Tournament Verification Form



This form is to be completed by the Unit Director, who was nominated by the football team and created with your unit's KCYL members, to verify participants from their unit and to ensure that the team and its players comply with LKCYL Football Tournament Rules and Regulations.

Nominated Director's Name:

Unit Name:

Mobile Number:

Email Address:

Names of Players

(7 Players minimum + 4 additional players)

No.	Name of Player	Verified
1		
2		
3		
4		
5		
6		
7		
8		

9		
10		
11		

Combined Team Information *(Complete ONLY if applicable)*

Names of Additional Players from Combined Unit (up to 7):

No.	Name of Player	Verified
1		
2		
3		
4		
5		
6		
7		

Verification Signatures:

Unit Director A (Primary Unit):

Signature: _____

Date: _____

Unit Director B (Secondary Unit): *(Required for Combined Teams)*

Signature: _____

Date: _____

By signing above, Unit Directors confirm that the listed participants have reviewed and agreed to comply with all LKCYL Football Tournament Rules and Regulations.

LKCYL Executive Committee