TEAM CODE_____

AYSO Section Eight Tournament
Team Roster
June 19-21, 2009

Play Hard ~ Play Fair
PLAYSOCCER

Roster Date:

Region: _____ **Team Name:** _____

Coach Name: _____

Asst. Coach Name: _____

Age Division: **U-10** **U-12** **U-14** **U-16** **U-19** **Boys** **Girls** **Coed**

***Maximum # of Players*:**				
U-10	**U-12**	**U-14**	**U-16**	**U-19**
15	**15**	**15**	**18**	**18**

Only one revised roster will be accepted prior to June 13, 2009. Exceptions will require the Tournament and Area Director's approval.
eAYSO Roster Note: You may submit an eAYSO roster in lieu of this roster form. If you do, make sure the Regional Commissioner signs that form in RED ink.

Directions: *Player ID #*: The National AYSO Registration Number, *Region #*: Region in which player is registered.

(List players in alphabetical order by last name.)

Shirt #	Region #	Player ID #	Player's Name Last, First (please print)	Age	Date of Birth	Telephone (Including Area Code)

By my signature below, I certify that all players on this roster are valid registered players in my region and are approved to participate in this tournament. All Tournament Rules have been read and will be followed.

Regional Commissioner: _____

Print Name ***Signature (Red Ink)*****

** **Application will NOT be accepted without the Regional Commissioner's signature.**

Revised 1/18/2009