



Team Tournament Roster Report

S/A/R / /

MY

Team Roster DIV _____

Program _____

No. of Players _____

Team Name _____

Team Color _____

Sponsor _____

	Name	AYSO ID	Cell Phone	E-mail	Certification/Training
Team Coach					
Asst. Coach					
Team Parent					

#	AYSO ID	Jrsy	Name/Address	Parent Email	Home Phone	Birth Date	Age	Reg. Date
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

The signature below verifies that all of the above named players and coaches are eligible to participate in this event per the stated policies.

Rgnl Commissioner _____ Cell Phone _____
(Print Name) (Signature)