27th Annual AYSO Turkey Tournament

Team Roster

Roster Date:

Region: _____ *Team Name:* _____

Coach Name: _____

Asst. Coach Name: _____

Uniform Colors:Shirt: _____ *Shorts:* _____ *Socks:* _____

Age Division: *10U* *12U* *14U* ☐ (Circle applicable ones) ☐ *Boys* *Girls*

Maximum # of Players:		
10U	*12U*	*14U*
10	*12*	*15*

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. If you also will be bringing Guest Players, you will need to use the separate Guest Player Form.

Team level of play: ____ Rec Team ____ Tournament Team (check one)

Directions: Player ID #: The National AYSO Registration Number, Region #: Region in which player is registered.
*(**List In Order By Last Name**)*

Shirt#	***Region #***	***Player ID #***	***Player's Name*** ***Last, First (please print)***	***Age***	***Date of Birth***

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:

Regional Commissioner: _____
Print Name *Signature (Blue or Red Ink)*

R.C. Contact number: _____

Guest Player(s) Regional Commissioner: _____
Print Name *Signature (Blue or Red Ink)*

G.P. R.C. Contact #: _____