OF MIERICAN DO	A SOCCEP	REAMIZATION
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## 30<sup>th</sup> Annual AYSO Turkey Tournament

## Team Roster



		·		nal team Roster oster Date:	is due by	November 17, 202	<mark>20</mark> .			
Regio	n:			Team Name:						
	Coach	Name:								
Asst.	Coach									
							Socks			
	Uniform Colors:Shirt:			12U	0, 14U					
Age Division: 10U <u>Maximum # of Players</u> :			12U14U(Circle applicable ones)BoysGirlsSports connect Roster Note: You may submit a Sports connect 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.							
10U 10	12U 12	14U 15	Team level of play: Rec Team Tournament Team (check one)							
	<u>Directions: Player ID #</u> : The National AYSO Registration Number, <u>Region #</u> : Region in which player is registered. (List In Order By Last Name)									
Shirt#	Reg	ion #	Pl	layer ID #	Pla	nyer's Name⊥	ast, First (plea	ase 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 #:		