# 33rd Annual AYSO Turkey Tournament

## Team Roster

*Final team Roster is due by November 20, 2024*

**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* |
| *11* | *13* | *16* |

*Sports 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.*

*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 Jersey Number)**

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

*R.C. Contact number:* _____

*Guest Player(s) Regional Commissioner:* _____

*Print Name* *Digital Signature*

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