AMERICAN YOUTH SOCCER ORGANIZATION

a nonprofit corporation dedicated to youth soccer

everyone plays **PLAYER ROSTER**

Name Of Event: _____
Region: _____ Team Name: _____

Coach's Name: _____
Address: _____
City: _____ State:_____ Zip: _____
Phone: (_____) - _____ e-mail: _____

Team Colors: _____Shirt _____Shorts _____Socks
Division: __ U-10 __U-12 __U-14 __U-16 __U-19 __Boys __Girls

Directions:

***Player ID #*: The National AYSO Registration No., *Region #*: The Region where a player is registered.**
***# of Players*: U-10, 7 v 7 10 maximum, U12, 15 players max. (12 if short-sided 9 v 9), U-14, 15 players maximum, U-16 & U-19, 18 players maximum**
Guest AYSO Players*: Each must have *signed letter from their AYSO regional commissioner
***Regional Commissioner*: Must provide name, address, & phone number of current regional commissioner**
***Signature*: Must have RC's original signature in blue or red ink.**

(List In Order By Uniform No.)

Jersey #	Player ID #	Region # Outside Player **	Player's Name	Age	Date of Birth	Telephone

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

Address: _____ *City:* _____ *Zip:*_____

Phone No.: _____ *e-mail:* _____ *Date signed:*_____

*AD signature (if required):*_____ *SD signature (if required):*_____