14th Annual M Mountain AYSO Tournament
Team Roster, 2009

Roster Date:

AYSO Region/Club: _____ **Team Name:** _____

Coach Name: _____

Asst. Coach Name: _____

Uniform Colors:

Shirt: _____ **Shorts:** _____ **Socks:** _____

Age Division:	**U-9**	U-10	**U-11**	U-12	**U-13**	U-14	**U-19**	**Boys**	**Girls**	**Coed**

Maximum # of Players:			
U-9,-10	**U-11,-12**	**U-13, -14**	**U-19**
10	**12**	**15**	**18**

eAYSO Roster Note: You may submit an eAYSO roster signed by the the Regional Commissioner in lieu of this roster form. If you will bring Guest Players, use the separate Guest Player Form.

Directions: *Player ID #*: The National AYSO Registration Number, or Club ID number. Add sheets as needed.

(List In Order By Uniform Shirt No.)

Shirt #	Player ID #	Player's Name Last, First (please print)	Age	Date of Birth	Telephone Including Area Code

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 or Club President/Registrar:

_____

Print Name ***Signature (Blue or Red Ink)***

Guest Player(s) Regional Commissioner or Club President/Registrar

_____

Print Name ***Signature (Blue or Red Ink)***