10th Annual AYSO Cruisin Classic Tournament Team Roster

Roster Date:

Region: _____ **Team Name:** _____

Coach Name: _____

Asst. Coach Name: _____

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

Age Division: U-10 U-12 U-14 U-16 U-19 Boys Girls Coed

Maximum # of Players:				
U-10	**U-12**	**U-14**	**U-16**	**U-19**
10	**12**	**15**	**18**	**18**

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.

Directions: *Player ID #*: The National AYSO Registration Number, *Region #*: Region in which player is registered.

(List In Order By Uniform Shirt No.)

Shirt #	Region #	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: _____
Print Name ***Signature (Blue or Red Ink)***

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