SPACEPORT CLASSIC TOURNAMENT TEAM ROSTER

Date:

Region #: _____ **Team Name: _____**

Coach's Name: **AYSO ID. #:**
Coaching Certification Level: **Safe Haven Date:**
Address:
City: **State:** **Zip:**
Phone: **e-mail:**
Assistant Coach's Name : **AYSO ID. # :**
Coaching Certification Level: **Safe Haven Date:**

Team Colors: **Shirt:** **Shorts:** **Socks:**
Age Grouping: **__ U-10 __U-12 __U-14** **Gender:** **__Boys __ Girls**

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

***Maximum # of Players*:**

U-10	U-12	U-14
10	12	15

(List In Order of Uniform Shirt No.)

Shirt #	Player ID #	Region #	Player's Name Last, First	Age	Date of Birth	Telephone Including Area Code

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

Phone No.: _____E-mail: _____

Guest Player(s) Regional Commissioner: _____

Regional commissioner(s) signature(s) verifies that all registrations have been checked and verified to be true and accurate.