

Illinois Youth Soccer Association Sanctioned Tournament Roster

Tournament Roster Must be in the possession of the Tournament Director prior to the first game.

No Changes can be made after the roster is submitted to Tournament Director. No player may play for more than one (1) team during the tournament.

Tournament Name _____ **Date(s)** _____ **Location** _____

PRINT: Team Name _____ **INDICATE:** **BOYS** **GIRLS** **AGE GROUP: U** _____

Club Affiliation _____ League Affiliation _____ State Affiliation _____

Coach's Name _____ Coaching License Level _____ License No. _____

Street Address _____ Home Phone (_____) _____ Work Phone (_____) _____

City, State, Zip _____ Email _____

Manager's Name _____ Home Phone (_____) _____ Work Phone (_____) _____ Email _____

Street Address _____ City, State, Zip _____

Colors: Jersey _____ Shorts _____ Socks _____ Alternate Jersey _____

PRINT PLAYERS NAMES IN ALPHA ORDER	STREET ADDRESS, CITY, STATE, ZIP COMPLETE ALL INFORMATION	BIRTHDATE	PASS NUMBER REQUIRED	Shirt NO	PLAYERS SIGNATURES
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

COACH'S CERTIFICATION: I hereby certify that the above information is complete and correct. Coach's Signature: _____ Date Certified: _____