

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 _____ **Cell Phone** (_____) _____ **Work Phone** (_____) _____

Street Address _____ **Home Phone** (_____) _____ **Email** _____

City, State, Zip _____

Manager's Name _____ **Home/Cell Phone** (_____) _____ **Work Phone** (_____) _____ **Email** _____

Street Address _____ **City, State, Zip** _____

Colors: Jersey _____ **Shorts** _____ **Socks** _____ **Alternate Jersey** _____

TOUR REGISTRAR ONLY			PRINT PLAYERS NAMES (ALPHA ORDER) LAST NAME, FIRST NAME	STREET ADDRESS, CITY, STATE, ZIP COMPLETE ALL INFORMATION	BIRTH DATE	PASS NUMBER REQUIRED	Shirt NO
Medical Release Waiver	Player Pass	Guest Player Form					
			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: _____