14th Annual KICKOFF CLASSIC
AYSO Region 24, Downey, California
Team Roster

Roster Date:

Region: _____ **Team Name:** _____

Coach Name: _____ **Safe Haven Date** **Training Level**

Asst. Coach Name: _____ **Safe Haven Date** **Training Level**

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 are encouraged to 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)***