



UNITED STATES YOUTH SOCCER
EASTERN NEW YORK YOUTH SOCCER ASSOCIATION
REGION 1



NAME _____ AGE GROUP _____ BOYS _____ GIRLS _____
 NAME OF COACH: _____ PHONE: HOME _____ WORK _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 NAME OF MANAGER: _____ PHONE: HOME _____ WORK _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 COLORS: JERSEY _____ SHORTS: _____ SOCKS: _____ ALTERNATE JERSEY: _____

List Players in Alphabetical order by last name first.

NAME	DOB	Pass #	Phone #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Registration Roster _____ Tournament Roster _____ Original _____ Revised _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

 (SIGNATURE OF COACH OR MANAGER) DATE STATE APPROVAL DATE