



United States Youth Soccer Association, Inc.



PRINT OR TYPE ONLY

SEASON _____

Name of State Association: _____ Region: _____

Name of Team: _____ AGE GROUP U-____ Boys _____ Girls _____

Name of Coach: _____ Tel. (H) _____ (W) _____

Address _____ City _____ State _____ Zip Code _____

Name of Manager: _____ Tel. (H) _____ (W) _____

Address _____ City _____ State _____ Zip Code _____

Colors: Jersey _____ Shorts _____ Socks _____ Alternate Jersey _____

List Players in Alphabetical order by last name first **PRINT OR TYPE ONLY**

PLAYER SIGNATURE REGISTRATION NUMBER BIRTHDATE JERSEY NUMBER ALTERNATE NUMBER POSITION

| PLAYER | SIGNATURE | REGISTRATION NUMBER | BIRTHDATE | JERSEY NUMBER | ALTERNATE NUMBER | POSITION |
|--------|-----------|---------------------|-----------|---------------|------------------|----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |
| 16. | | | | | | |
| 17. | | | | | | |
| 18. | | | | | | |

(Revised 12-91)

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

Roster For: Team Traveling out of State Association
 Team Entered in U. S. Youth Soccer National Championship

(Check One)

(SIGNATURE OF COACH OR MANAGER) _____ (DATE) _____

(SIGNATURE OF STATE OFFICER AND TITLE) _____ (DATE) _____