



RAINBOW TOURNAMENT



AMERICAN YOUTH SOCCER ORGANIZATION

Team Roster

(Please Type or Print Legibly)

DUE: June 1, 2011

TEAM INFORMATION

Region Number: _____ Region Name: _____

Age Group: (Circle) **U10** **U12** **U14** **U16** **U19** GENDER: **BOYS** **GIRLS**

Primary Uniform Colors: Jersey: _____ Shorts: _____ Socks: _____

HEAD COACH

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Fax Number: _____

State: _____ Zip Code: _____ Email: _____

No.	Jersey No.	Player Name	Birth Date	AYSO No.	T-Shirt Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

CERTIFICATION: As Regional Commissioner of Region _____, I hereby certify the accuracy of the information stated above. I also certify that the above named players are registered with the AYSO National Support Center.

Signature: _____
 Print Name _____ Date _____