

S/A/R: _____
 Contact: _____
 Phone: _____
 Training Date: _____

Roster Number: _____
 Course Name: _____
 Lead Instructor: _____
 Co-instructor: _____

Total Attendees: _____
 Phone: _____
 Phone: _____



Attendance Roster

Please CROSS-OUT names of those who either did not complete or should NOT be credited for course.
 Please print legibly, credit for courses taken will not be given or will be delayed if information cannot be interpreted

S/A/R	Legal First Name	Last Name	Address (include Street, City, State, Zip)	Phone # (With Area Code) E-mail Address	Birth Date
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Do not return ANY tests to the National Office

Cancelled courses must be reported in eAYSO or to the National Office - 800-USA-AYSO - by FAX: 310-525-1155 - by email: rosteradmin@ayso.org

**For students to receive credit, completed rosters must be entered in eAYSO or returned to:
 AYSO National Office, 19750 S. Vermont Ave., Suite 200, Torrance CA 90502 - by FAX 310-525-1155 - by email: rosteradmin@ayso.org**