



26th Annual Arroyo Seco Cup



Tournament Team Roster

Roster Date: _____

Region/ Org.: _____ Team Name: _____

Coach Name: _____

Asst. Coach Name: _____

Uniform Colors: _____ Shorts: _____ Socks: _____

Shirt: _____

Age Division: 10U Boys 10U Girls

<i>Maximum # of Players:*</i>
10U
10

AYSO Teams may 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 when allowed, you will need to use the separate Guest Player Form.

*AYSO may allow larger rosters for non-AYSO teams under conditions listed in Appendix 7.E of the AYSO Tournament Handbook.

Directions: *Region#Org. Name:* Region or Organization in which player is registered. *Player ID #:* The National AYSO/Organization Registration Number.

(List In Order By Uniform Shirt No.)

Shirt #	Region #/ Org. Name	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/Organization and are approved to participate in this tournament:

Regional Commissioner/
Organization President: _____
Print Name *Signature (Blue or Red Ink)*

Guest Player(s) Regional
Commissioner/Organization
President: _____
Print Name *Signature (Blue or Red Ink)*