

Lompoc AYSO Spaceport Classic Open Invitational Tournament Team Roster



						Roster Date:						
Region	n:		Tea	m Nam	e:							
Coach Name:						Safe Haven Date Training Level						
Asst. Coach Name:				Safe Haven Date)	Training Level			
Uniform Colors: Shirt:					Shorts:	Shorts: So			cks:			
Age Division:		U	U-10 U-12		U-14	U-16	U-19 B		Boys	Girls	Coed	
	ım # of	Players:		AAYSO	Roster Note	o. Voli are	Ancou	raned to su	hmit an c	AVSO roster		
U-10	U-12	U-14	U-16	U-19		eAYSO Roster Note: You are encouraged to 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, you will need to use the separate Guest Player Form.						
10	12	15	18	18								
<u>Directions: Player ID #</u> : The National AYSO Registration Number, <u>Region #</u> : Region in which player is registered. (List In Order By Uniform Shirt No.)												
Shirt			layer ID		Plaver	Player's Name			Date of	Te	Telephone	
#	#	· ··	layer ib	"	Last, First	(please print)		Age	Birth		ding Area Code	
my re	gion ar	nd are	approv	_	that all play participate ii				alid regist	ered pla	ayers in	
Regional Commissioner:				Print Name	nt Name			Signature (Blue or Red Ink)				
	Player(s		ional 									
				Print Name				Signature (Blue or Red Ink)				