AYSO Cactus Classic Tournament Team Roster

Roster Date:

Region/ Org.: _____ **Team Name:** _____

Coach Name: _____

Asst. Coach Name: _____

Uniform Colors:

Shirt: _____ **Shorts:** _____ **Socks:** _____

Age Division: **U-10** **U-12** **U-14** **U-16** **U-19** **Boys** **Girls** **Coed**

Maximum # of Players*:				
U-10	**U-12**	**U-14**	**U-16**	**U-19**
10	**15**	**15**	**18**	**18**

***AYSO Teams must submit an eAYSO roster*. Please, 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.**

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)***