# 2009 Volcano International Soccer 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** | **12** | **15** | **18** | **18** |

**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 |
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***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)***