12th Annual Coyote Classic

Team Roster

Roster Date:

Region: _____ **Team Name:** _____

Coach Name: _____

Asst. Coach Name: _____

Uniform Colors:
Shirt: _____ **Shorts:** _____ **Socks:** _____

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

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

eAYSO Roster Note: You may submit an eAYSO roster in lieu of this roster form. If you do, make sure the Regional Commissioner signs that form.

Directions: *Player ID #*: The National AYSO Registration Number, *Region #*: Region in which player is registered.

(List In Order By Uniform Shirt No.)

Shirt #	Region #	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 and are approved to participate in this tournament:

Regional Commissioner: _____

Print Name ***Signature (Blue or Red Ink)***