



14th Annual Coyote Classic

Roster Change Form



Region: _____ Team Name: _____

Coach Name: _____

Age Division: U10 U12 U14 U16 U19 Boys Girls Coed

This form is due prior to the beginning of the tournament.

<i>Maximum # of Players:</i>				
U10	U12	U14	U16	U19
10	12	15	18	18

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.

DELETE the following players from the previously submitted roster:

Shirt #	Region #	Player ID #	Player's Name Last, First (please print)

INCLUDE the following players from the previously submitted roster:

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 added 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)*

Check here if any added player is a Guest Player from a different Region from the registered team, and complete the Guest Player form.