1st Annual Summer Sizzle

Roster Change Form

Region: _____ **Team Name:** _____

Coach Name: _____

Age Division: ☐ U10 ☐ U12 ☐ U14 ☐ U16 ☐ U19 ☐ Boys ☐ Girls ☐ Coed

This form is due no later than June 25, 2011 to be considered for the tournament.

***Maximum # of Players*:**				
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)***