Red Mountain Invitational Roster

AYSO 1079

Region/Club: _____ **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

Maximum # of Players:				
U-10	**U-12**	**U-14**	**U-16**	**U-19**
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. If you also will be bringing Guest Players, you will need to use the separate Guest Player Form.

(List names alphabetical by last name)

Shirt #	Region /Club #	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 / Club Registrar: _____

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

Guest Player(s) Regional Commissioner/Club Registrar: _____

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