

# Illinois Youth Soccer Association Sanctioned Tournament Roster

*Tournament Roster Must be in the possession of the Tournament Director prior to the first game.*

*No Changes can be made after the roster is submitted to Tournament Director. No player may play for more than one (1) team during the tournament.*

**NOTE! Maximum player roster sizes: U8 (12), U9-U11 (14), U12-U16 (18), U17-U19 (22)**

**Tournament Name** \_\_\_\_\_ **Date(s)** \_\_\_\_\_ **Location** \_\_\_\_\_

**PRINT:** Team Name \_\_\_\_\_ **INDICATE:**  **BOYS**  **GIRLS** **AGE GROUP: U** \_\_\_\_\_

Club Affiliation \_\_\_\_\_ League Affiliation \_\_\_\_\_ State Affiliation \_\_\_\_\_

Coach's Name \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Manager's Name \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Colors: Jersey \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_ Alternate Jersey \_\_\_\_\_

TOUR REGISTRAR ONLY			<b>PRINT PLAYERS NAMES</b> <i>(ALPHA ORDER) LAST NAME, FIRST NAME</i>	<b>STREET ADDRESS, CITY, STATE, ZIP</b> <i>COMPLETE ALL INFORMATION</i>	BIRTH DATE	PASS NUMBER <i>REQUIRED</i>	Shirt NO
Medical Release Waiver	Player Pass	Guest Player Form					
			1				
			2				
			3				
			4				
			5				
			6				
			7				
			8				
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			10				
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			15				
			16				
			17				
			18				
			19				
			20				
			21				
			22				

**COACH'S CERTIFICATION:** I hereby certify that the above information is complete and correct. Coach's Signature: \_\_\_\_\_ Date Certified: \_\_\_\_\_