

# 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 (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Manager's Name \_\_\_\_\_ Home/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

Zip \_\_\_\_\_ Colors: Jersey \_\_\_\_\_ Shorts \_\_\_\_\_

Socks \_\_\_\_\_ Alternate Jersey \_\_\_\_\_

TOUR REGISTRAR ONLY			<b>PRINT PLAYERS NAMES (ALPHA ORDER) LAST NAME, FIRST NAME</b>	<b>STREET ADDRESS, CITY, STATE, ZIP COMPLETE ALL INFORMATION</b>	BIRTH DATE	PASS NUMBER REQUIRED	Shirt NO
Medical Release Waiver	Player Pass	Guest Player Form					
			1				
			2				
			3				
			4				
			5				
			6				
			7				
			8				
			9				
			10				
			11				
			12				
			13				
			14				
			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: \_\_\_\_\_

