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 1 team during tournament.

ournament Name:	ie:				Date(s):		Location:			
Team Name:					Indicate Type:			Age Group: U		Boys_ Girl
Club Affiliation:					League Affiliation:			State Affiliation:		
Coach's Name:					Cell Phone:			Work Phone:		
Street Address:					Home Phone:			Email:		
City, State, Zip:					riome Phone.			Liliali.		
Oity, State, Zip.										
anager's Name:					Cell Phone:			Work Phone:		
Street Address:					Home Phone:			Email:		
City, State, Zip:										
Colors Jersey:		s	horts:		Socks:			Alternate Jersey:		
•		•					<u>'</u>			
TOURN RE		Guest								
Release Waiver	Player Pass	Player Form		LAST NAME (ALPHA ORDER)	FIRST NAME	STREET ADDRESS, COMPLETE ALL I	CITY, STATE, ZIP INFORMATION	BIRTH DATE	PASS NUMBER (REQUIRED)	SHIRT
waiver		FOIII	1							
			2							+
			3							
			4							
			5							+
			6							+
			7							+
			8							
			9							+
			10							
			11							+
			12							1
			13							
			14							
			15							
			16							
			17							
			18							
			19							
			20							
			21							
			22							