



2024 AYSO Region 13 Thanksgiving Tournament Team Roster



Roster Date:

Region	:		Te	am Name:						
Coach	Name/Lo	evel:				Safe Haven Date			Concussion Date	
Asst. Name/Level:					Safe Haven Date				Concussion Date	
Uniform Colors: Shirt:					Shorts:		Socks:			
Age Division:			U-10	U-12	U-14	U-16	U-19	Boys	Girls	
Maximum # of Players: You are required to submit an AYSO Team Tournament Roster										
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U-10	U-12	U-1	4 U-16	U-19	generated by your region's computerized registration system in lieu of this roster form. Make sure the Regional Commissioner signs that form.					
11	14	16	22	22						

Directions: *Player ID #*: The National AYSO Registration Number, <u>Region #</u>: Region in which player is registered.

Shirt #	Region #	Player ID #	Player's Name Last, First (please print)	Age	Date of Birth	Telephone Including Area Code

(List In Order By Uniform Shirt No.)

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:

Print Name