



2020 AYSO Grape Stomp Tournament Team Roster

Roster Date: _____

Region: _____		Team Name: _____					
Coach Name: _____	Safe Haven Date _____	Training Level _____					
Asst. Coach Name: _____	Safe Haven Date _____	Training Level _____					
Uniform Colors: _____	Shorts: _____		Socks: _____				
Shirt: _____	Shorts: _____		Socks: _____				
Age Division: _____	U-10	U-12	U-14	U-16	U-19	Boys	Girls

<i>Maximum # of Players:</i>				
U-10	U-12	U-14	U-16	U-19
10	12	15	18	18

eAYSO Roster Note:
 You are encouraged to submit a Blue Sombrero roster in lieu of this roster form. If you do, make sure the Regional Commissioner signs that form.

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

(List In Order By Uniform Shirt No.)

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

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:

Coach: _____

Cell #: _____ *Print Name* *Signature (Blue or Red Ink)*

Regional Commissioner: _____

Print Name

Signature (Blue or Red Ink)