LAKESIDE AYSO REGION 234
NEW YEAR'S ROUND-UP TOURNAMENT
TEAM APPLICATION AND ROSTER

Team Name_____ Age U-_____ Boys / Girls (circle)

Head Coach_____ Phone_____ Email:_____

Asst. Coach_____ Phone_____ Email:_____

Region #_____ Region Name_____ Coach Shirt Size _____

AN EAYSO SIGNED ROSTER AND THE SIGNED ROSTER BELOW ARE REQUIRED.

PLAYER: (First Name, Last Name	AYSO ID #	DATE OF BIRTH	AGE

Acknowledged by signing below: The coaches are in good standing and all players listed above are properly registered with their appropriate league.

Region Commissioner (Print) _____ (Sign)_____

Available Referees: (Name, Phone, Email)

#1: _____

#2: _____

#3: _____

Mail this form and $250 registration check by Saturday, December 16th to: (Payment can also be made online)
Lakeside AYSO
P.O. Box 1397, Lakeside, CA 92040