

LAKESIDE AYSO New Year's ROUND-UP TOURNAMENT TEAM APPLICATION AND ROSTER

Team Name _____ Age U_ _____ Boys "*****" Girls
 Head Coach _____ Phone _____ Email: _____
 Asst. Coach _____ Phone _____ Email: _____
 Region # _____ Region Name _____

T-SHIRT SIZES YM-XXXXL COACH T-SHIRT SIZE _____
Players must be registered in AYSO

Player Name	AYSO I.D. #	D.O.B.	Age

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

Commissioner (Print) _____ Phone: _____

	REF NAME	REF Phone or Email
REFEREE ONE	_____	_____
REFEREE TWO	_____	_____
REFEREE THREE	_____	_____

EMAIL THIS PAGE TO: **LakesideAYSO4 [a U] 'Wca**