

# 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 one (1) team during the tournament.*

**NOTE!** Maximum player roster for U16 and younger age group is 18. Maximum player roster for U17 and older age groups is 22.

**Tournament Name** \_\_\_\_\_ **Date(s)** \_\_\_\_\_ **Location** \_\_\_\_\_

**PRINT:** Team Name \_\_\_\_\_ **INDICATE:**  **BOYS**  **GIRLS** **AGE GROUP: U** \_\_\_\_\_

Club Affiliation \_\_\_\_\_ League Affiliation \_\_\_\_\_ State Affiliation \_\_\_\_\_

Coach's Name \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Manager's Name \_\_\_\_\_ Home/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Colors: Jersey \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_ Alternate Jersey \_\_\_\_\_

TOUR REGISTRAR ONLY			<b>PRINT PLAYERS NAMES</b> (ALPHA ORDER) LAST NAME, FIRST NAME	<b>STREET ADDRESS, CITY, STATE, ZIP</b> COMPLETE ALL INFORMATION	BIRTH DATE	PASS NUMBER REQUIRED	Shirt NO
Medical Release Waiver	Player Pass	Guest Player Form					
			1				
			2				
			3				
			4				
			5				
			6				
			7				
			8				
			9				
			10				
			11				
			12				
			13				
			14				
			15				
			16				
			17				
			18				

**COACH'S CERTIFICATION:** I hereby certify that the above information is complete and correct. Coach's Signature: \_\_\_\_\_ Date Certified: \_\_\_\_\_