

# 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 U15 and younger age group is 18. Maximum player roster for U16 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			PRINT PLAYERS NAMES (ALPHA ORDER) LAST NAME, FIRST NAME	STREET ADDRESS, CITY, STATE, ZIP 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				
			19				
			20				
			21				
			22				

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