

ROSTER FORM

United States Youth Soccer Nevada

Season _____



Name of State Association _____
 The following is the information relative to this Team from our Association:

Name of Tournament & Dates _____

Name of Team _____

Name of Coach _____

Address _____ City _____

Name of Team Official _____

Address _____ City _____

Region: _____

Division: _____

Telephone _____

State _____ Zip _____

Telephone _____

State _____ Zip _____

	PLAYER	REGISTRATION NO.	BIRTH DATE	JERSEY NO.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

Overall record for this season: WON _____ LOST _____ TIED _____

List on back of this form team information which can be used for publicity purposes.

HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

PLEASE TYPE OR PRINT, PRESS FIRMLY, MULTIPLE COPIES

(DATE)

(SIGNATURE OF LEAGUE REGISTRAR)