



# IDAHO YOUTH SOCCER ASSOCIATION

## 2008-2009 Season Roster

TEAM #: \_\_\_\_\_

COMPETITIVE \_\_\_\_\_

RECREATIONAL \_\_\_\_\_

AFFILIATE / CLUB: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_ GIRLS: \_\_\_\_\_ BOYS: \_\_\_\_\_

(Note: Player Passes are REQUIRED for Tournament & Travel)

**Player Passes Requested:** YES \_\_\_\_\_ NO \_\_\_\_\_

NAME	ID NUMBER	BIRTH DATE	E-MAIL	PHONE	ADDRESS
Coach:					
Assistant:					
Assistant:					
Manager:					

*Type alphabetically, last name first, as it appears on proof of age document. For all Co-ed teams, please indicate gender for each player.*

	PLAYER NAME	ID NUMBER	BIRTH DATE	E-MAIL	PHONE	ADDRESS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

18						
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