

**IDAHO YOUTH SOCCER ASSOCIATION** TEAM #: \_\_\_\_\_

**COMPETITIVE ROSTER FOR THE 200\_\_ - \_\_\_\_ SEASON**

**AFFILIATE:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

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

*(Note: Player passes are required for tournaments & travel)*

**Player Passes Requested:** Yes \_\_\_\_ No \_\_\_\_

NAME	HOME PHONE	WORK PHONE	ADDRESS	CITY/ZIP
<b>Coach:</b>				
<b>Assistant:</b>				
<b>Manager:</b>				

*Type or print names alphabetically, last name first.*

	PLAYER NAME	I.D. NUMBER	BIRTHDATE	E-MAIL	ADDRESS	CITY/ZIP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						