

Roster for Tournament Team



The following form must be completed and returned along with the Tournament Team fee 30 days prior to the date of the tournament to MYSA. A tournament team roster will be issued to the coach of this team. The roster will be marked with the name of the tournament and an expiration date. This roster may not be used for multiple tournaments.

Please complete this form thoroughly. Missing information is cause for it to be returned. Tournament team rosters will not be issued to teams missing information or the appropriate processing fee. Partial rosters will not be issued.

Affiliate Member: _____ Affiliate Code: _____

(Please Print or Type all information below.)

Address:		_ City:	State: Zip: (F)	
Telephone (H)	(W) _			
Name of Tournament		Dates of Tourna a copy of the tournament's		
Tournament Team Name	e		Gender	
Tournament Team Age	Group: Divisi	on (i.e. Classic 1, 2, or 3):		
	Please pr	ovide the following inform	nation	
Coach/Asst. Coach Team Manager	Registration #	Date of Birth		League Team Code
Player's Name	Date of Birth			Coach Permission Signate
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