

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.

NOTE! Maximum player roster sizes: U9-U10 (14), U11-U12 (16), U13-U15 (18), U16-U19 (22)

Tournament Name: **Illinois FC Spring Invite 2019**

Date(s): **5/3-5/5/2019**

Location: **Champaign-Urbana, IL**

| | | | |
|-------------------|---------------------|--------------------|----------------|
| Team Name: | Indicate Type: | Age Group: U | Boys__ Girls__ |
| Club Affiliation: | League Affiliation: | State Affiliation: | |

| | | |
|-------------------|-------------|-------------|
| Coach's Name: | Cell Phone: | Work Phone: |
| Street Address: | Home Phone: | Email: |
| City, State, Zip: | | |

| | | |
|-------------------|-------------|-------------|
| Manager's Name: | Cell Phone: | Work Phone: |
| Street Address: | Home Phone: | Email: |
| City, State, Zip: | | |

Colors Jersey: Shorts: Socks: Alternate Jersey:

| TOURN REGISTRAR ONLY | | | | LAST NAME (ALPHA ORDER) | FIRST NAME | STREET ADDRESS, CITY, STATE, ZIP <i>COMPLETE ALL INFORMATION</i> | BIRTH DATE | PASS NUMBER <i>(REQUIRED)</i> | SHIRT # |
|------------------------|-------------|-------------------|----|----------------------------|------------|---|------------|----------------------------------|---------|
| Medical Release Waiver | Player Pass | Guest Player Form | 1 | | | | | | |
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COACH'S CERTIFICATION: I hereby certify that the above information is complete and correct.

Coach's Signature:

Date Certified: