# 2018-19 OSSL CLUB PASS PLAYER ROSTER

***This form must be approved by OSSL each time a Guest Player is added to your team's list and before the player can play.***

TEAM NAME: _____

BOYS ☐
GIRLS ☐

AGE GROUP
U-_____

COACH:_____ MANAGER:_____

| | LAST NAME | FIRST NAME | DATE OF BIRTH | Player ID # | GUEST PLAYER'S TEAM NAME | SIGNATURE OF STATE ASSOCIATION OFFICIAL | DATE OF STATE ASSOC. APPROVAL |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
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| 10 | | | | | | | |

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
I HAVE READ THE RULES AND POLICIES OF THE OSSL AND AGREE TO ABIDE BY THEM.

HOW MANY PLAYERS ARE LISTED ON THIS TEAM'S TEAM ROSTER: _____
Maximum number of Guest Players must comply with OSSL Rule 3.03

Name of Person Requesting Roster | Position on Team | Date

8/17/2018

***Guest Player Roster must be filed with the OSSL as per OSSL Rules.***

**OSSL--25 Whitney Drive, Suite 104---Milford OH 45150** **Fax: 513-576-1666** **Email: jschuppe@osysa.com**