



OHIO SOUTH YOUTH SOCCER ASSOCIATION, INC.



LEAGUE: _____ OFFICIAL TEAM ROSTER FOR _____ SEASON

TEAM NAME: _____ CLUB NAME: _____ TEAM NUMBER: _____

() BOYS TEAM OR () GIRLS TEAM: TEAM AGE DIVISION: _____ TEAM COLORS: JERSEY _____ SHORTS _____ ALTERNATE JERSEY _____

	USYSA CARD NO.	PLAYER'S NAME FIRST NAME	LAST NAME	PHONE NO.	STREET NUMBER AND NAME	ZIP CODE	DATE OF BIRTH	SEC/ PRIM.
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								

COACH			
ASST COACH			
ASST COACH			

TEAM ROSTER CLUB APPROVAL

TEAM ROSTER APPROVED THROUGH LINE _____

_____ Date

_____ Date

Club Secretary

Date

Approved League Registrar

Date

White – Team Copy

Yellow – League Copy