

SHOWDOWN TOURNAMENT TEAM ROSTER

Date: April 24-25

Name Of Event: 19th Annual Santa Clarita Valley Soccer Showdown

Region: Team Name:

Coach's Name:

Coaching Certification Level:

Safe Haven Date:

Address:

City:

State:

Zip:

Phone:

e-mail:

Assistant Coach Name :

Coaching Certification Level:

Safe Haven Date:

Team Colors: **Shirt:** **Shorts:** **Socks:**
Age Grouping: __ U-10 __ U1-2 __ U-14 __ U-16 __ U-19 __ Boys __ Girls

Maximum # of Players:

U-10	U-12	U-14	U-16	U-19
10	12	15	18	18

If you will be bringing Guest Players, you will need to use the separate Guest Player Form.

Directions:

Fill-out above information and attach an **EAYSO roster** to this form. The EAYSO roster **must be signed and dated** by the team's Regional Commissioner in blue or red ink.

Please note that the tournament, per the Rules and Regulations of the tournament, we will only accept a properly signed EAYSO roster.

Regional Commissioner: _____
Print Name *Signature (Blue or Red Ink)*

Address: _____ City: _____ Zip: _____

Phone No.: _____ E-mail: _____

Guest Player(s) Regional Commissioner: _____

Regional commissioner(s) signature(s) verifies that all registrations have been checked and verified to be true and accurate.