

## SHOWDOWN TOURNAMENT TEAM ROSTER

Date:

April 21-22, 2012

Name Of Event:

21<sup>st</sup> 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.