



MASSACHUSETTS YOUTH SOCCER LEAGUE TEAM ROSTER FORM

Type in Alphabetical Order

Town/Club:	Date:	Original:	Change:
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Team Name:	Age:	Girls:	Boys:	Shirt Color:
League:	Team ID#:	Div:	Section:	

Coach:	Phone:
Address:	City/State/Zip:
Ass't Coach:	Phone:
Address:	City/State/Zip:

#	Shirt#	Last Name	First Name	Birth Date	Town	Phone
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

Transfers:

1						
2						
3						
4						
5						

Mass Youth Soccer Roster Verification: _____ Date: _____
(If Applicable)

Coach Certification	Club/Town Certification
I certify that I will comply with Mass Youth Soccer and Leagues bylaws, playing rules, & Coach's Code of Conduct, and know the penalties for non-compliance.	All players and all coaches/managers meet all Mass Youth Soccer & League requirements for affiliation and playing age, and the town/club is properly affiliated.
Coach's Signature _____	Signature: _____

Referee:	Sched. Date:	Actual Date:
Opposing Team:	Winner:	Score: