

United States Youth Soccer Association, Inc.

Name of State Association: EASTERN ASSOCIATION **PRINT OR TYPE ONLY** NEW YORK YOUTH SOCCER
 Region: 1
 Name of Team: _____ AGE GROUP U- _____ Boys _____ Girls _____
 Name of Coach: _____ Tel. (H) _____ (W) _____
 Address _____ City _____ State _____ Zip Code _____
 Name of Manager: _____ Tel. (H) _____ (W) _____
 Address _____ City _____ State _____ Zip Code _____
 Colors: Jersey _____ Shorts _____ Socks _____ Alternate Jersey _____

List Players In ALPHABETICAL ORDER By Last Name First Print of Type Only

PLAYER	SIGNATURE	REGISTRATION #	BIRTHDATE	JERSEY NUMBER	ALTERNATE NUMBER	POSITION
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature of Coach or Manager _____ Date _____ Signature of League Registrar _____ Date _____ State Stamp _____ Date _____