



Season: Fall 2011- Spring 2012 Region: 2 State Association: WYSA

Name of Team: _____ Age Group U- _____ Boys _____ Girls _____

Name of Coach: _____ Phone Number (Home) _____ (Cell) _____

Address: _____ City _____ State _____ Zip Code _____

Assist Coach: _____ Assist Coach: _____ Trainer: _____

Name of Manager: _____ Phone Number (Home) _____ (Cell) _____

Address: _____ City _____ State _____ Zip Code _____

List players in alphabetical order by last name first

Jersey # Player Signature Registration Number Birthdate Alt # Game Active

							1
							2
							3
							4
							5
							6
							7
							8
							9
							10
							11
							12
							13
							14
							15
							16
							17
							18
							19
							20
							21
							22

I Hereby Certify That The Above Information Is True And Correct

(SIGNATURE OF COACH OR MANAGER) (DATE)

(SIGNATURE OF STATE OFFICER AND TITLE) (DATE)