

TEAM NAME: _____ AGE/GENDER: _____

The following is the information requested about the players of the team named above registered with Michigan State Youth Soccer Association.

This roster is for the seasonal year of: _____

This form was completed on: _____

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

The information provided on this form is being provided solely because of the request of the team for purposes determined only by the team. Providing this information does not constitute authorization or endorsement of any event or activity for which the team uses this information.

THIS FORM IS INVALID UNLESS THE MSYSA LOGO/STAMP OF APPROVAL APPEARS ON IT.