ANNE ARUNDEL YOUTH SOCCER ASSOCIATION
TEAM ROSTER CARD

PRINT CLEARLY & COMPLETE ALL INFORMATION.
YOU WILL NEED A COPY FOR EACH GAME OF THE SEASON.
COACHES ARE TO EXCHANGE ROSTER CARDS PRIOR TO EACH GAME.

TEAM INFORMATION

SPONSORING ORGANIZATION _____ TEAM NAME _____ AGE GROUP _____ SEASON / YEAR _____

HEAD COACH INFORMATION

FULL LAST NAME _____ FULL FIRST NAME _____ FULL MIDDLE NAME _____ NICK NAME _____

As Head Coach: I accept responsibility for the eligibility of each player listed on this roster.
I have obtained a signed Player Contract for each player listed on this roster.
I have signed and submitted a Coaches Pledge.

HEAD COACH'S SIGNATURE _____ DATE _____

TEAM ROSTER *This Roster should match the Team Roster submitted to Anne Arundel County Recreation & Parks*

	PLAYERS LAST NAME	PLAYERS FIRST NAME	JERSEY NUMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			