

OHIO YOUTH SOCCER ASSOCIATION-NORTH

OFFICIAL ROSTER

Season: _____

Year: _____

CLUB NAME: _____

AGE GROUP: _____ /1 /2
circle if applicable

M () F ()
Check One

TEAM #: _____

1	PLAYER PASS NUMBER	LAST NAME	FIRST NAME	PHONE	ADDRESS	CITY	ST	ZIP	SEX	BIRTHDATE	REG DATE	REG INTLS
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FOR LEAGUE USE ONLY

COACH:						
COACH:						
COACH:						

RISK MGT	PASS

TEAM REP SIGNATURE DATE

REGISTRAR SIGNATURE DATE