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| aysologo |  **2019 AYSO Fall Blast Tournament****Guest Player Form** |  |

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| --- | --- | --- |
| Borrowing Team Information: | Roster Date: |  |
| Region/Org.: |  | Team Name: |  |
| Coach Name: |  |  |  |
| **Age Division:** | 9U | **10U** |  | **12U** |  | **14U** |  | **19U** |  |  |  | **Boys** |  | **Girls** |  | **Coed** |

**All American Open Invitational Tournament rules allow teams to bring up to 3 “Guest Players” when they are unable to recruit sufficient players from their own region/club. These Guest Players must be properly registered AYSO PLAYERS and have played in their just concluded primary program. The guest players are included as part of the roster limit and cannot cause the team to go over roster.**

 ***(List In Order By Uniform Shirt No.)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Shirt****#** | **Region****Org.** | Player ID # | Player’s NameLast, First (please print) | Age | Date of Birth | TelephoneIncluding Area Code |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***By my signature below, I certify that all players on this roster are valid registered AYSO players in my region/club and are approved to join the above team and participate in this tournament:***

|  |  |
| --- | --- |
|  |  |
| **Guest Player(s) Regional Commissioner/** |  |
| **Organization President:** |  ***Print Name Signature (Blue or Red Ink)*** |
| **Email:** |  | **Best Phone:** |  |
|  |  |
| ***By my signature below, I approve that these*** |  | ***(number of players) guest players are*** |
| ***approved to join the above team and participate in this tournament:*** |
| **Host Team Regional Commissioner/ Organization President** |  |