



MINNESOTA YOUTH SOCCER ASSOCIATION INC.

11577 Encore Circle
Minnetonka, Minnesota 55343
Phone (952) 933-2384 or (800) 366-6972 Fax (952) 933-2627
www.mnyouthsoccer.org



Recreation Plus U09/10 Team
Request To Over Roster

A completed and signed copy must be given to your Club Registrar to keep on file.

The _____ coached by _____
Team code (Ex. BLM10GPS01) Print coach's name
requests permission to over roster.

Day Phone: _____ Eve. Phone: _____ Fax: _____

As the parent, I understand that my child is the overrostered player registered on this team. I am also aware that U9/10 Teams MUST declare which 12 players will comprise the team for purposes of any festival or invitational tournament. These 12 players will be the only ones that will be allowed to play in the game. This is the responsibility of the registered adult associated with the team.

Table with 4 columns: Player's Name (please print), Date of Birth, Parent's Name, Parent's Signature. The Parent's Signature cell contains the word 'REQUIRED'.

Printed Name of Affiliate Member President: _____ Date: _____

Signature of Affiliate Member President: _____

Signature of Registered Adult Associated with Team: _____