



# KENTUCKY YOUTH SOCCER TOURNAMENT GUEST ROSTER FORM



Name of State Affiliate: \_\_\_\_\_ District: \_\_\_\_\_ State: Kentucky YSA Region: II  
 Name of Team: \_\_\_\_\_ AGE GROUP: U- \_\_\_\_\_ BOYS: \_\_\_\_\_ GIRLS: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work ) \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work ) \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tournament Name: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

I hereby request the following players be approved as guest players for the tournament listed above:

## ADD THE FOLLOWING GUEST PLAYERS TO THE TEAM LISTED ABOVE:

PLAYER	CURRENT TEAM	REGISTRATION NUMBER	BIRTHDATE	JERSEY NO	ALT. NO	POSITION
1.						
2.						
3.						
4.						
5.						
6.						

Each Guest Player's USYS Player Pass and Medical Release must be carried by above team while playing as a guest.

## REPLACE THE FOLLOWING PLAYERS WITH THE GUEST LISTED ABOVE

PLAYER	REASON FOR REPLACEMENT	REGISTRATION NUMBER	BIRTHDATE	JERSEY NO	ALT. NO	POSITION
1.						
2.						
3.						
4.						
5.						
6.						

List players to be replaced on the SAME line number as the guest player who will be replacing them.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

\_\_\_\_\_  
( SIGNATURE OF COACH OR MANAGER )

\_\_\_\_\_  
( SIGNATURE OF STATE OFFICER AND TITLE ) (DATE)