



# Missouri Youth Soccer Association Supplemental Team Roster



LG# \_\_\_\_\_ TM# \_\_\_\_\_  
 \_\_\_\_\_ DIV (b/g) \_\_\_\_\_  
 \_\_\_\_\_ AGE U- \_\_\_\_\_  
 \_\_\_\_\_

Team Name: \_\_\_\_\_ Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Roster being changed: league/cup \_\_\_\_\_, complementary/league only \_\_\_\_\_**  
**Maximum three (3) transfers per year for league/cup roster**

Player's/ Coach's Name (print)	Player's/ Coach's Signature	Street Address, City, State, Zip	ID Number	Birthday YY/MM/DD	A/T/C
1.					
2.					
3.					
4.					

I certify that to the best of my knowledge the contents of this form are true and correct, and that all players herein have shown proof of age as required by the United States Youth Soccer Association.

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Deletions from Roster

Player's/ Coach's Name (print)	Player's/ Coach's Signature	Street Address, City, State, Zip	ID Number	Birthday YY/MM/DD	A/T/C
1.					
Request initiated by:		Reason:			
2.					
Request initiated by:		Reason:			
3.					
Request initiated by:		Reason:			

I \_\_\_\_\_ manager of the \_\_\_\_\_ soccer team/club do hereby release this/these player(s) to play for the team of their choice.  
 Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

League Registrar's Signature: _____ Date: _____	Missouri Youth Soccer Registrar's Signature: _____ Date: _____
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