VYSA League Select Roster

This form must be typed or neatly printed

TOURNAMENT: _____

TEAM NAME: _____ **LEAGUE:** _____ **AGE GROUP:** _____

Coach: _____ **Address:** _____ **Phone, h:** _____ **w:** _____

A Coach: _____ **Address** _____ **Phone, h:** _____ **w;** _____

VYSA League Select Roster – Tournament Only

Jersey #	Players Last	First	VYSA/MYSA Rostered Team	SS# or Player #	DOB

Date _____

VYSA State Registrar or VYSA Regional Registrar _____

LEAGUE AUTHORIZATION

Date: _____

Position: _____

Signature _____

VYSA League Select Roster – Tournament Only

VYSA League Select Roster – Tournament Only