

New Jersey Youth Soccer

Facility _____

Indoor Facility Player List / Roster

Club Name _____ Team Name _____

Coach _____

Pass Number	Name	Address	Town	Zip	Date of Birth	Sex

This player list must be completed for all passes purchased at indoor facility or roster if used for tournament or league. This form must be sent to the NJYS Office by the indoor facility. Facility may allow changes to the roster. No NJYS approval is required.