



2023 AYSO Santa Clarita Gold Rush



Roster Change Form

Region:		Team Name:									
Coach	Name:				_						
Age Division		9U	10U	11U	12U	13U	14U		Boys	Girls	Coed
Th	is form a	nd/or					with original sig considered for t			han check	-in,
	Maximu	m # of	Player	'S:		Roste	er Note: You may	submit a new	Affinity roste	er in lieu of	this
		1U/12U 13U/14U			U	roster change form. If you do, make sure the Regional					
12		16		18		Commissioner signs that form.					
Shirt	<u>ΓΕ</u> the fo		ng pla		from t		viously submit	tted roster:			
#	#		,			Last, Firs					
NCLU	DE the	follow	vina p	lavers	from	the pr	eviously subm	itted roster	·-		
					from	•	eviously subm			Tolonk	2000
NCLU Shirt #	DE the		ving pl		from	•	er's Name	itted roster	r: Date of Birth	Teleph Including A	
Shirt	Region				from	Play	ver's Name		Date of		
Shirt	Region				from	Play	ver's Name		Date of		
Shirt	Region				from	Play	ver's Name		Date of		
Shirt	Region				from	Play	ver's Name		Date of		
Shirt	Region				from	Play	ver's Name		Date of		
Shirt # By my	Regior #	P ure be	layer II	D#	y that	Play Last, Firs	ver's Name	Age this roster	Date of Birth	Including A	
Shirt # By my player	Regior # v signaturs in my	P ure be	layer II	D#	y that	Play Last, Firs	ver's Name st (please print) yers added on	Age this roster	Date of Birth	Including A	