



2024 AYSO Santa Clarita Gold Rush



Roster Change Form

Region	n:			т	eam Na	me:								
Coach	Name	:	_											
Age Di	:	9U	10U	11U	12U	13U	14	4U			Boys	Girls	Coed	
Thi	is forn	n an	d/or			_	•		ith original Insidered f	_		ue no later t nent.	han check-	-in,
				Player		Roster Note: You may submit a new Affinity roster in lieu of this								
9U/10 12	-	11U/12U 15			13U/14 17		roster change form. If you do, make sure the Regional Commissioner signs that form.							
DELET Shirt	E the	-		ng pla		from t			ously sub	mitted	roster:			
#	#								(please print)					
						from	•		iously sul	omitted				
Shirt #	Regi #		PI	ayer I	D#	Player's Name Last, First (please print)				Age	Date of Birth	Teleph Including Ar		
п	п						<u> </u>		" ' '			Birtii		
	_				-	•	-	-	rs added ticipate in			are valid re ent:	egistered	
Region Comm		nor:												
Comm	1155101	ner:		-		Print	t Name				Sign	ature (Blue	or Red Ink)