



## 2025 AYSO Santa Clarita Gold Rush



## **Roster Change Form**

Regio	n:		Te	eam Na	me:							
Coach	Name:											
Age D	ivision:	9U	10U	11U	12U	13U	14U		Boys	Girls	Coed	
Th	is form ar		D	ec. 13	_	5 to be	with original sig considered for t er Note: You may	the tournam	nent.		·	
9U/10U		1U/12U 13U/14			J		roster change form. If you do, make sure the Regional					
12		15		17		Commissioner signs that form.						
Shirt	TE the fo		g pla yer li		from t		eviously submit	tted roster:				
#	#	<b>,</b>			Last, Fire							
					from		reviously subm					
Shirt	Region		ng pl		from	Play	/er's Name	itted roste	Date of	<b>Teleph</b> Including A		
					from		/er's Name			<b>Teleph</b> Including Ar		
Shirt	Region				from	Play	/er's Name		Date of	•		
Shirt	Region				from	Play	/er's Name		Date of	•		
Shirt	Region				from	Play	/er's Name		Date of	•		
Shirt	Region				from	Play	/er's Name		Date of	•		
Shirt #	Region #	Pla	yer II	D#		Play Last, Fire	/er's Name st (please print)	Age	Date of Birth	Including A		
Shirt #	Region #	Pla	ow, I	O#	y that	Play Last, Fire	/er's Name	Age this roster	Date of Birth	Including A		
Shirt # By my player	Region # signatures in my r	Pla re belo	ow, I	O#	y that	Play Last, Fire	yer's Name st (please print)	Age this roster	Date of Birth	Including A		