

KANSAS STATE YOUTH SOCCER ASSOCIATION

SUPPLEMENTAL ROSTER

SEASON _____

District	League	Name of Team		Division
Name of Coach	Last name	First name	Middle initial	Office Telephone
Address	City		State	Zip
Residence Telephone				

ADDITIONS

NAME OF PLAYER	ADDRESS	CITY	STATE/ZIP	TELEPHONE	BIRTH DATE	I.D. CARD NO.
1.						
2.						
3.						
4.						
5.						

TRANSFERS

NAME OF PLAYER	ADDRESS	CITY	STATE/ZIP	TELEPHONE	BIRTH DATE	I.D. CARD NO.
1.						
2.						
3.						

DELETIONS

NAME OF PLAYER	ADDRESS	CITY	STATE/ZIP	TELEPHONE	BIRTH DATE	I.D. CARD NO.
1.						
2.						
3.						
4.						
5.						

I hereby certify that the above information is true and correct to the best of my knowledge. I hereby release the players deleted above to play for the team of their choice.

Coach's Signature _____ Date _____

LEAGUE REGISTRAR'S SIGNATURE _____ DATE _____
 KSYSA REGISTRAR'S SIGNATURE _____ DATE _____