2018-19 TSL SEASON

CLUB PASS PLAYER ROSTER (all age groups)

Please type

This form must be filed with the TSSA each time a Club Pass Player is added to your team's list.

TEAM NAME: _____

BOYS ☐
GIRLS ☐

AGE GROUP
U-_____

DIVISION:_____

COACH:_____ MANAGER:_____

	LAST NAME	FIRST NAME	DATE OF BIRTH	REGISTRATION #	CLUB PASS PLAYER'S TEAM NAME	SIGNATURE OF STATE ASSOCIATION OFFICIAL	DATE OF STATE ASSOC. APPROVAL
1							
2							
3							
4							
5							
6							
7							

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
I HAVE READ THE RULES AND POLICIES OF THE TSL AND AGREE TO ABIDE BY THEM.

☐ Check here if this is a supplement to a Club Pass Player Roster already filed with the TSL
HOW MANY PLAYERS ARE LISTED ON THIS TEAM'S TEAM ROSTER: _____
Maximum number of Guest Players must comply with TSL Rules

Signature of Team Coach or Manager _____ Print Name _____ Date _____

Club Pass Player Roster must be filed with the TSL as per TSL Rules. ***Email only*** **Email:chewlett@tnsoccer.org**