



ERITREAN SPORTS FEDERATION

IN NORTH AMERICA

YOUTH SOCCER TOURNAMENT TEAM ROSTER FORM

Division:		Club Name:		City:		State:		Year:	
Primary Team Contact's Name:				Phone:		Email:			
Postal Mailing Address:				City:		State:		Zip:	
Alternate Contact's /Coach's Name:				Phone:		Email:			
No.	Player's Name <i>(First, Last)</i>	Date of Birth	Proof of Age	Emergency Contact Name	Phone No	MDP	Alt Division	Gender	
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Proof of Age: Send digital photograph and proof of age to ersfna@gmail.com in a zip file.

MDP: Multi Division Player – Identify player(s) who is registered with more than one age group or division.

Alt Division: Select the alternate division in which the player will be participating.