

## TEAM PLAYER FORM

This form is to be provided by a State Association for a team going to a tournament or games that are not approved by US Youth Soccer or any of its State Associations.

TEAM NAME: \_\_\_\_\_

Following is the information requested about the players of the team named above registered with the Missouri Youth Soccer Association as of for the seasonal year 2009-2010:

<u>Name of Player:</u>	<u>Date of Birth:</u>
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**THE INFORMATION PROVIDED ON THIS FORM IS BEING PROVIDED SOLELY  
BECAUSE OF THE REQUEST OF THE TEAM FOR PURPOSES DETERMINED  
ONLY BY THE TEAM. PROVIDING THIS INFORMATION DOES NOT  
CONSTITUTE AUTHORIZATION OR ENDORSEMENT OF ANY EVENT OR  
ACTIVITY FOR WHICH THE TEAM MAY USE THIS INFORMATION.**

Missouri Youth Soccer Association  
1270 Jungermann, Suite E  
St. Peters, MO 63376

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State Approval and Date