

# ECYSA Guest Player Roster

**Town/Team Name**

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**Coach Name (printed)**

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<b>Date</b>		<b>ECYSA Game #</b>	
<b>Player #</b>	<b>Last Name</b>	<b>First Name</b>	<b>DOB</b>
1			
2			
3			

I certify that the Guest Players listed on this roster are eligible to participate in the above referenced match under the ECYSA Guest Player Policy and any and all rules as set forth by my team's affiliating organization.

**Coach Signature**

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**Date**

**Ref #**

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**Referee Name**