

PRINCE GEORGE YOUTH SOCCER ASSOCIATION
SELECT PROGRAM TEAM ROSTER – For Travel



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THIS FORM MUST BE COMPLETED AND HANDED TO THE PGYSA OFFICE **2 WEEKS BEFORE EVERY** TOURNAMENT

_____	_____	_____
TEAM NAME	AGE GROUP	GENDER
_____	_____	
HEAD COACH (Please print name)	HEAD COACH PHONE #	
_____	_____	
MANAGER (Please print name)	MANAGER PHONE #	

_____	_____	_____
TOURNAMENT NAME	VENUE	CITY

DATES OF TRAVEL

_____	_____
NAME & ADDRESS OF ACCOMMODATIONS	HOTEL / MOTEL PHONE #

LIST OF PLAYERS TRAVELLING

1.		10.	
2.		11.	
3.		12.	
4.		13.	
5.		14.	
6.		15.	
7.		16.	
8.		17.	
9.		18.	

OFFICE USE ONLY

PGYSA has received the above listed player's individual PLAYER INFORMATION FORM – For Travel

_____	_____	_____
Office Staff Name (Please Print)	Signature	Date