

**Youth Football Development Trust presents - U17 Youth Tournament Team List**

This form must be authorised by either the Club Manager or a Member of the Executive committee of the Club.

Club: Boys/Girls (Circle one)

Coach: Cellphone: Email:

Manager: Cellphone: Email:   
Other: Cellphone: Email:

**Team Home Colours:** Shirt: Shorts:

**Team Away Colours:** Shirt: Shorts:

Colour of Socks: 1: 2: 3:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PLAYERS NAMES** | **BIRTH DATE** | **HOME STRIP NUMBER** | **AWAY STRIP NUMBER** | **MEMBER OF CLUB** | **National ID #** | **Date Registered** | **GUEST** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |

For all players please attach a copy of proof of age verification e.g. birth certificate, passport, student ID or drivers licence.  
For all GUEST Players please attach approval from the Guest Player’s own club.

Form completed by:

|  |
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| Team Authorisation |

Name: Position in Club:

Sign: Date:

