



Request for Roster Variance Rochester District Youth Soccer League

Ensure all writing is legible!

Submitter's Name: _____

Submitter's Position: _____

Club Name: _____

Team Gender: Boys: Girls: Team Age: _____

Team Name: _____

Must match team registration name

Coach's Name: _____

How many players do you want on your roster? _____

Detailed explanation for request for roster variance:

If this request is approved, I understand the team is still responsible to have no more than the maximum number of players on the game day roster for any RDYSL match. The maximum number of players allowed is listed in RDYSL Rules and I will specifically ensure this requirement is met. I acknowledge failure to do so results in a forfeit being declared by the league.

Signature _____ Date: _____

Directions

RDYSL will honor roster size variances for age group U9-U12 granted by US Youth Soccer Rule 105 and New York State West Rule 1104, 1105 and 2205. Those variances do not apply to any NYSWYSA State Cup competitions. Refer to RDYSL Rule 305 for complete details.

Email or mail the completed form to the RDYSL President. The president's email address can be found on the RDYSL website.