



Verification of Eligibility

Season: _____ State Association: Iowa Soccer Association

Name of Team: _____ Age Group U- _____ Boys _____ Girls _____

I hereby certify that all players on my Official Game Roster are properly registered and rostered and are eligible to participate in the Iowa Director's Cup. I certify that none of the players or coaches is currently under suspension. I further certify that no player or coach was sent off in their last Iowa Director's Cup match unless indicated below. If any player or coach was sent off, I have listed their names in the box provided and understand that the individuals listed cannot under any circumstances participate in their first Iowa Director's Cup match, and any subsequent matches if a more than one game suspension was issued.

SUSPENSION INFORMATION

Name	Player Jersey # or "C" to indicate Coach	Duration of Suspension (i.e. 1 game, 2 games)

Note: If it is determined that an ineligible player or coach participates in an Iowa Director's Cup match, the game shall be forfeited. If a coach knowingly falsifies information on this form, penalties as outlined in the Iowa Director's Cup Rules will be assessed.

This form must be signed by a team coach or manager.

PRINT – COACH/MANAGER NAME

COACH/MANAGER SIGNATURE

