SOCCER TOURNAMENT
TEAM REGISTRATION FORM

TEAM NAME: _____ **DIVISION:** ☐ BOYS ☐ GIRLS

AGE: ☐ U8 ☐ U9 ☐ U10 ☐ U11 ☐ U12

1 **COACH NAME:** _____ **COACH #:** _____

2 **COACH NAME:** _____ **COACH #:** _____

TEAM ROSTER

	PLAYER NAME	PLAYER CARD #	JERSEY #	BIRTHDAY (DD/MM/YYYY)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

TOURNAMENT NAME: _____

TOURNAMENT DATE: _____

TOURNAMENT FEE: _____

TOURNMENT REGISTRATION & FEE DUE DATE: _____

Tournament fees are to be split among players COMMITTED to attend

Tournament registration and fees must be submitted to WHITECAPS OFFICE 48 hours in advance

FOR OFFICE USE ONLY

Date Received: _____ Approved By: _____

Registration Complete?: _____