

2009 TRI-CITY INDOOR SOCCER TURKEY TOURNAMENT

Registration Form – San Carlos

**San Carlos teams, please submit form and check by Saturday, November 14 to:
Kim Lawrence, 1272 Howard Avenue, San Carlos, CA 94070
650-339-1730 📞 kimlawrence9@sbcglobal.net**

Please circle your team's age group. Incorrectly identified teams will be disqualified.

U14 Boys U12 Boys U10 Boys U8 Boys
U14 Girls U12 Girls U10 Girls U8 Girls

Team Name _____ Jersey Color _____

Coach Name _____

Phone number tournament weekend (cell phone best for schedule changes) _____

(Optional) alternate phone number _____

E-mail address print clearly _____

E-mail address print clearly again _____

**** Any team parent may coach the indoor team if the outdoor team coach is unavailable ****

Each team is requested to provide a volunteer who may be asked to help with the tournament.

Volunteer Name _____ Phone # _____ Email _____

Only players from the regular Fall 2009 AYSO season may participate. All players from your team must be invited to participate. Violation of either portion of this rule will result in immediate forfeit of your game and expulsion from the tournament. List all participating players and their AYSO game jersey number (minimum six players):

NAME	Jersey #	NAME	Jersey #
1. _____	_____	9. _____	_____
2. _____	_____	10. _____	_____
3. _____	_____	11. _____	_____
4. _____	_____	12. _____	_____
5. _____	_____	13. _____	_____
6. _____	_____	14. _____	_____
7. _____	_____	15. _____	_____
8. _____	_____	16. _____	_____

I, _____, am the Head Coach of the Fall 2009 AYSO team registered on this form. I certify that all of the players registered on this form and any players to be added later are all official members of this Fall 2009 AYSO team. I understand that Fall 2009 team rosters will be compared to indoor team registrations and, if unqualified players are registered by my team or played in a game, then my entire team will be disqualified from the tournament.

Head Coach Signature (NOT APPLICABLE TO U-8 TEAMS)

PLEASE SUBMIT ONE CHECK FOR EACH TEAM!! (\$15 per player)

(For director's use only:)

Indoor Team #: _____ Amount Paid: _____ Amount Paid: _____ Check #: _____