

Area 3E Select Sevens U10 and U12 Tournament Team Entry Form

Region _____

Team Name: _____

Division (circle one): U10 B U10 G U12 B U12 G

Coach: _____ **Tel:** _____
e-mail: _____ **T-shirt:** AS AM AL XL XXL

Referee: _____ **Tel:** _____
e-mail: _____ **T-shirt:** AS AM AL XL XXL

Asst. Ref. _____ **Tel:** _____
e-mail: _____ **T-shirt:** AS AM AL XL XXL

Team Roster (minimum 7 players, maximum 12 players)

	<u>Name</u>	<u>Telephone</u>	<u>T-Shirt (circle one)</u>
1	_____	_____	YS YM YL AS AM AL XL XXL
2	_____	_____	YS YM YL AS AM AL XL XXL
3	_____	_____	YS YM YL AS AM AL XL XXL
4	_____	_____	YS YM YL AS AM AL XL XXL
5	_____	_____	YS YM YL AS AM AL XL XXL
6	_____	_____	YS YM YL AS AM AL XL XXL
7	_____	_____	YS YM YL AS AM AL XL XXL
8	_____	_____	YS YM YL AS AM AL XL XXL
9	_____	_____	YS YM YL AS AM AL XL XXL
10	_____	_____	YS YM YL AS AM AL XL XXL
11	_____	_____	YS YM YL AS AM AL XL XXL
12	_____	_____	YS YM YL AS AM AL XL XXL

Regional commissioner must sign below indicating that all team members are currently registered AYSO players, meet the maximum age requirement for their division, and are participating on a regular AYSO team during the current Spring season.

R.C. Signature: _____

Please return completed form with **one** check for entry fee of \$12 per player, checks payable to AYSO Area 3E, to

Mike Wessing, 6198 West Carter Rd., Rome, NY 13440.