The 11th annual A.Y.S.O. Area 3E-3G Sevens

Select Side Tournament

Saturday, June 5, 2010 (U-14 and U-19)
Tournament Registration Form

Team Name: _____ S/A/R: _____

Coach Name: _____ Phone #: _____

Assistant Referee Name: _____ Phone #: _____

Division: (Please circle) **U14 Girls** **U14 Boys** **U116-9 Girls** **U16-19 Boys**

Player Name	Phone Number	T-shirt size (AS, AM, AL, AXL)

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 spring 2010 season.

Regional Commissioner Signature: _____

Send completed form to Sarah Puskarenko, 122 W. Main St, Frankfort, NY 13340. Checks should be included and made payable to Area 3G.