Utica AYSO Fall 2009 U10 & U-12 Tournament Team Entry Form

Region _____

Team Name: _____

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

Coach: _____ **Tel:** _____

e-mail: _____ **Cell:** _____

Referee: _____ **Tel:** _____

e-mail: _____ **Cell:** _____

Asst. Ref. _____ **Tel:** _____

e-mail: _____ **Cell:** _____

Team Roster (minimum 7 players, maximum 12 players)

	Name	*Telephone*	*Player Registration Number*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

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 Fall 2008 season. Also the coach **MUST** have completed the AYSO coach training. Dead line for team entry is Wednesday October 1, 2009 for U-10 & October 8, 2009 for U-12.

R.C. Signature: _____

Please return completed form with **one** check for entry fee of $12 per player, checks payable to AYSO Region 664, to

Bruce Broat, 37 Grant St., Utica NY 13501