



# CECIL SOCCER LEAGUE

## 2010 3v3 TOURNAMENT

### REGISTRATION FORM



TEAM NAME: \_\_\_\_\_

COACH/CONTACT: \_\_\_\_\_

CONTACT NUMBER XXX-XXX-XXXX CONTACT E-MAIL \_\_\_\_\_

TEAM AGE GROUP: U-8        U-10        U-12        U-15       

TEAM GENDER: BOYS        GIRLS       

CURRENT CECIL SOCCER TEAM: \_\_\_\_\_

**\*PLEASE NOTE: PLAYERS MAY ONLY REGISTER FOR ONE TEAM. PLAYERS MUST HAVE CURRENT REGISTRATION WITH CECIL SOCCER "IN-HOUSE" PROGRAM, NO REP. TEAM PLAYERS MAY PARTICIPATE IN TOURNAMENT**

**PLAYER INFORMATION:**

<b>PLAYER #1</b>	NAME	SPRING 2010 TEAM (IF DIFFERENT FROM ABOVE)	
	ADDRESS	CITY	ZIPCODE
<b>PLAYER #2</b>	NAME	SPRING 2010 TEAM (IF DIFFERENT FROM ABOVE)	
	ADDRESS	CITY	ZIPCODE
<b>PLAYER #3</b>	NAME	SPRING 2010 TEAM (IF DIFFERENT FROM ABOVE)	
	ADDRESS	CITY	ZIPCODE
<b>PLAYER #4</b>	NAME	SPRING 2010 TEAM (IF DIFFERENT FROM ABOVE)	
	ADDRESS	CITY	ZIPCODE
<b>PLAYER #5</b>	NAME	SPRING 2010 TEAM (IF DIFFERENT FROM ABOVE)	
	ADDRESS	CITY	ZIPCODE
<b>PLAYER #6</b>	NAME	SPRING 2010 TEAM (IF DIFFERENT FROM ABOVE)	
	ADDRESS	CITY	ZIPCODE
<b>NUMBER OF PLAYERS:</b>		<b>0</b>	<b>X \$16.00</b>
			<b>\$0.00</b>

Please complete form and return to Cecil Soccer League, Attn: Eric Shertz

Forms and payment must be received no later than May 15, 2010. Any submissions after the 15th cannot be guaranteed a spot in tournament. Please e-mail [cecil3v3@gmail.com](mailto:cecil3v3@gmail.com) with any questions or concerns.