

SANTA CRUZ BEACH SOCCER CHAMPIONSHIPS



2012 TOURNAMENT REGISTRATION FORM

TEAM NAME: _____

AGE GROUP / DIVISION: _____

RECREATIONAL / COMPETITIVE: _____

CLUB / ORGANIZATION AFFILIATION: _____

TEAM CONTACT NAME & TITLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL ADDRESS: _____

SECOND CONTACT NAME & TITLE: _____

SECOND CONTACT EMAIL: _____

SECOND HOME PHONE: (____) _____ CELL PHONE: (____) _____

PLEASE MAIL TEAM ENTRY FEE (CHECKS MADE PAYABLE TO
"US SOCCER INTERNATIONAL") AND REGISTRATION FORM TO:

SANTA CRUZ BEACH SOCCER CHAMPIONSHIPS
P.O. Box 330180
SAN FRANCISCO, CA 94133

SANTA CRUZ BEACH SOCCER CHAMPIONSHIPS



2012 TOURNAMENT ROSTER FORM

TEAM NAME: _____

TEAM CONTACT NAME: _____

TEAM EMAIL: _____

CHECK-IN OFFICIAL: _____

TODAY'S DATE: _____

PLAYER`S NAME	ADDRESS, CITY, STATE, ZIP	PHONE	D.O.B.	SHIRT SIZE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please Note:

- One Registration Form per team, with a maximum of 10 players (minimum of 3 females required on Co-ed teams).
- Your team is not officially registered for the Championships until the full Team Entry Fee is received.
- Release of Liability forms must be submitted at check-in, NO LATER than 2 hours prior to the team's first game.
- No additions, substitutions, or deletions may be made to your roster less than 2 hours before your first game.
- Youth players must be the appropriate age BEFORE the start of the Championships.
- We reserve the right to merge age brackets with comparable levels.