

**Annapolis Royal
Natal Day Soccer Tournament
Registration Form 2009**

Team Name : _____

Team Colors: _____ or _____

Coach or Contact Name : _____

Email: _____

Home Phone: _____ Work Phone: _____

Fax: _____

Address: _____

Age Category: (please circle gender)

U-8 (Co-ed) U-12 (F) U-16 (M) (F)
U-10 (M) (F) U-14 (M)

Registration Fee:

U-8 or U-10 \$150 U-12, U-14 or U-16 \$250

Team Roster:

1.		12.	
2.		13.	
3.		14.	
4.		15.	
5.		16.	
6.		17.	
7.		18.	
8.		19.	
9.		20.	
10.		21.	
11.		22.	