

Wetaskiwin Soccer Club
PO Box 6211 STN MAIN
Wetaskiwin, AB T9A 2E9



NOTE: Registration will not be complete until all of the following have been received by the tournament coordinators for *Wetaskiwin Soccer Club*:

- a completed registration form,
- a team roster declaration, and
- payment of registration fee (Interac E-transfer, cheque, or money order)

Fees and conditions are as follows:

	Deadline: May 26, 2018
U9	\$225
U11	\$325
U13	\$425
U15	\$425
U17	\$425
U19	\$425

- Only one team per entry form.
- Submission of this form confirms that you agree to abide by the tournament rules and decisions of the referees. Any disciplinary action taken in this tournament will be forwarded to your association.
- Please submit this form as soon as possible as entries may be limited and will be considered on a first-come first-served basis. Upon submission, this form will be considered as a waiver releasing *The Tournament, Wetaskiwin Soccer Club, City of Wetaskiwin*, referees, and any persons volunteering for *The Tournament* of any responsibility for any personal loss or injury.
- Registrations received after the deadline will be charged a \$50 penalty and will not be guaranteed a position in the tournament.
- Please make cheques/money orders payable to: *Wetaskiwin Soccer Club*.
- Please contact Alison Sherrer for more information about paying by Interac E-transfer. 780-387-1835 or tournament@wetaskiwinsoccer.org

**ALL TOURNAMENT REGISTRATION FORMS and/or CHEQUES MUST HAVE A TEAM ROSTER ATTACHED
(as explained in the Rules section)**

•••• PLEASE SEE NEXT PAGE ••••

Please e-mail completed form to tournament@wetaskiwinsoccer.org

OR

Send completed form in the mail with cheque AND roster to

**Wetaskiwin Soccer Club
PO Box 6211
Wetaskiwin, AB T9A 2E9**

Wetaskiwin Soccer Club
Spirit Cup Tournament
June 16-17, 2018



WETASKIWIN

A completed and signed application must be received by May 26, 2018.

TEAM NAME: _____

AGE GROUP: (Please circle one)

	Deadline: May 26, 2018
U9	\$225
U11	\$325
U13	\$425
U15	\$425
U17	\$425
U19	\$425

TEAM COLOURS (Primary): _____ **(Secondary):** _____

CURRENTLY PLAYING IN WHICH DISTRICT AND TIER: _____

COACH:

Name: _____

Address: _____

(Street Address)

(City/Province)

(Postal Code)

Home #: _____ Cell #: _____

Email: _____

MANAGER:

Name: _____

Address: _____

(Street Address)

(City/Province)

(Postal Code)

Home #: _____ Cell #: _____

Email: _____

SIGNATURE: _____

(Signature of Coach or Manager)

DATE: _____