



THIS TEAM INFORMATION SHEET MUST BE COMPLETED BY EACH TEAM PARTICIPATING IN THE ALBERTA SOCCER PROVINCIAL CHAMPIONSHIPS. IT MUST BE SUBMITTED TO THE ALBERTA SOCCER REPRESENTATIVE AT THE TOURNAMENT HEADQUARTERS AT LEAST THIRTY (30) MINUTES PRIOR TO YOUR FIRST SCHEDULED GAME.

COMPETITION CATEGORY: _____

TEAM NAME: _____

TEAM REPRESENTATIVE NAME: _____

TEAM REPRESENTATIVE EMAIL: _____

TEAM REPRESENTATIVE PHONE NUMBER: _____

TEAM COLORS:

	PRIMARY COLOR	ALTERNATE COLOR
SHIRT	_____	_____
SHORTS	_____	_____
SOCKS	_____	_____

The Team Representative above confirms full understanding of the Alberta Soccer competition rules and acknowledges, on behalf of the above noted team, that the team is responsible for the on and off-field conduct of its players, team officials and spectators throughout the competition.

Signed (Team Representative)