FAMILY Sports Park FIRST

MEMORIAL DAY SHOOTOUT

2005 TEAM REGISTRATION FORM

Memorial Day Shootout Tournament Dates: May 28-30, 2005
Registration Deadline: March 1, 2005 (Application form and tournament fee must be received.)

PLEASE CHECK ONE AGE GROUP:

❑ Boys U9	8/1/95	to	7/31/96	❑ Girls U9
❑ Boys U10	8/1/94	to	7/31/95	❑ Girls U10
❑ Boys U11	8/1/93	to	7/31/94	❑ Girls U11
❑ Boys U12	8/1/92	to	7/31/93	❑ Girls U12
❑ Boys U13	8/1/91	to	7/31/92	❑ Girls U13
❑ Boys U14	8/1/90	to	7/31/91	❑ Girls U14
❑ Boys U15	8/1/89	to	7/31/90	❑ Girls U15
❑ Boys U16	8/1/88	to	7/31/89	❑ Girls U16
❑ Boys U17	8/1/87	to	7/31/88	❑ Girls U17
❑ Boys U18	8/1/86	to	7/31/87	❑ Girls U18
❑ Boys U19	8/1/85	to	7/31/86	❑ Girls U19

Birthday Of Oldest Player:_____/_____/_____

Outdoor Team Record 2004 W_____ L_____ T_____
Outdoor Team Record 2003 W_____ L_____ T_____

❑ Premier/Classic—Competitive teams participating in the highest level league offered by their state association or any team that wants to play at a higher level.

❑ All Other Travel Teams (Please check one of the following)
- ❑ Div. 1/A
- ❑ Div. 2/B

State Association:_____

Other affiliate: (ex. US club soccer)_____

League:_____

Additional Information:_____

_____

If you have any referees within your association who may be interested in officiating, please include their name and phone number or contact Brian Holdford toll free at 1-888-8GO-PARK (1-888-846-7275).

1._____

Phone:_____

2._____

Phone:_____

A. Did you participate in any prior Family First Sports Park tournaments before? ❑ Y ❑ N When? 20_____
B. Please enclose a copy of your league roster with the registration form.
C. Canadian teams need to complete and return a team roster.
D. Rooming lists and payment will be returned by May 1, 2005
E. All teams must be prepared to begin play at 8AM on Saturday and Sunday mornings.
F. All non-PA West teams are required to have permission to travel from their state or provincial association.

REGISTRATION INFORMATION

Club:_____

Team Name:_____

Team Manager/Contact:_____

Team Coach: _____

Team Manager/Contact Address:_____

City/State/Zip:_____

Phone:_____(Home)

Phone:_____(Work)

Team Contact E-mail: _____

Fax:_____

Division: ❑ Girls ❑ Boy Specify Age:_____

PAYMENT

Name Of Individual Making Payment:_____

Phone:_____

Enclosed Is: Full Payment Amount: $_____

Check #:_____

Please make check payable to: Family First Sports Park, Erie, PA 16509.

Please Charge My: ❑ Visa ❑ Mastercard
❑ American Express ❑ Discover

Account #:_____

Bank #:_____

Card Expiration Date:_____/_____/_____

Amount Charged: $_____

PLEASE READ AND SIGN BELOW: I understand that if my team is not accepted, the entry fee will be returned in full. I further understand that once a team has been accepted and later withdrawls, the entry fee is forfeited. In the event of bad weather, shortening or cancelling this event, entry fees will not be returned.

_____ _____
Team Manager Signature Date

For more information, please contact Jamie Smith, Jen Hart or Gary Kagiavas for details on Admirals Soccer Club info
(814) 866-5425 or call toll free at 1-888-8GO-PARK.
www.familyfirstsportspark.com