

**VERMILION 3v3
SOCCER TOURNAMENT**

May 9th, 2015



Vermilion 3v3 – Soccer Tournament
Box 3729
Vermilion AB T9X 2B7

ENTRY FORM
(Please Print Clearly)

TEAM NAME: _____

AGE GROUP: (Please circle) U8 U10 U12

GENDER: (Please circle) Girls Boys Mixed

JERSEY COLOR: _____ No of Players (max 5) _____

COACH'S NAME: _____

PHONE: _____ FAX: _____

E-MAIL: _____

MANAGER'S NAME: _____

PHONE: _____ FAX: _____

E-MAIL: _____

ADDRESS OF COACH or MANAGER: (please print clearly)

NAME: _____

ADDRESS: _____

CITY/TOWN/PROV: _____ PC: _____

DATE: _____ SIGNATURE: _____

Please return this form with \$60.00 entry fee payable to Vermilion Soccer Association by May 4th, 2015. (One team per form please). No refunds after deadline. Teams will not be considered entered until fees are received.

For further information contact: Arleigh at (780) 581-3135 or passionconnection1@gmail.com.