

Instructions:
 1st: Save File.
 2nd: Open and Fill out Form.
 3rd: Save what you've done.
 4th: Email form to: beach5sandsoccer@yahoo.com



TEAM INFORMATION

Team Name: _____

Location: Ocean City, MD Age group: _____ Gender: _____

Coach Name: _____ Coach Phone: _____
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Coach Address: _____ Coach City, State, Zip: _____

Manager/Team Contact Name: _____ Manager/Team Contact Phone: _____
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Manager/Team Contact Address: _____ Manager/Team Contact City, State, Zip: _____

Manager/Team Contact Email: _____ Confirm Manager/Team Contact Email: _____

TEAM ROSTER (5 PLAYERS MINIMUM - 10 PLAYERS MAXIMUM)

First / Last Name:	Address:	City:	Zip:	Phone:	DOB (mm-dd-yy)	Age:

EXCEPTIONS (ADVANCE REQUESTS MUST BE EMAILED & APPROVED PRIOR TO TOURNAMENT PLAY)
