

BaySoccer Cup

TEAM NAME _____ COLOR _____
PARENT ORGANIZATION _____
COACH/CONTACT _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE H) _____ W) _____ FAX) _____
E-MAIL _____

LEAGUE _____ MALE _____ FEMALE _____

COMPETITION _____ A LEVEL _____ B LEVEL *For Scheduling purposes only*

AGE GROUP _____ 7-8 _____ 9-10 _____ 11-12 _____ 13-14 _____ 15-16 _____ 17-18

Roster Maximums: Rosters are unlimited, however only 12 awards will be presented per team.

Remember, all coaches must be prepared to present proof of age at any time during the tournament.

Return completed form with registration fee payable to:

BaySoccer Cup
c/o 11022 Reisterstown Road
Owings Mills, MD 21117