

# Winchester Soccer Club Veterans Day Tournament



## Registration Deadline October 27, 2002

Teams will be added after the deadline on a "space available" basis

Contacts:

Michael Creane 781.729.6306 or michaelcreane@attbi.com

Bob Bilicki 781.721.1474 or bbsquared@attbi.com

Coach's info to be emailed approx. one week after deadline.

Full Payment required with all entries : \$200 per team / 12 Player Roster Limit

All teams need to submit a roster stamped by their league

Travel permission and verification is required for all out of state teams

Recreational Tournament

All teams play 2 games on Saturday and 2 games on Sunday

All teams receive a trophy or award

Make checks payable to Winchester Soccer Club

Please mail your registration form and check to the following address:

Winchester Veteran's Day Tournament

P.O. Box 421

Winchester, MA 01890

Team / Club Name: \_\_\_\_\_ Team Uniform Color(s) \_\_\_\_\_

Team City or Town: \_\_\_\_\_ Team State: \_\_\_\_\_

Division: \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Age: \_\_\_\_\_ U9 \_\_\_\_\_ U10 \_\_\_\_\_ U11

Please Describe your teams abilities: \_\_\_\_\_

Spring 02 League/Division: \_\_\_\_\_ Record \_\_\_\_\_ Fall 02 League/Division: \_\_\_\_\_ Record \_\_\_\_\_

Coach's First Name & Last Name \_\_\_\_\_

Coach / Contact Email: \_\_\_\_\_

Mailing Address(Street or PO Box): \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_ Cell \_\_\_\_\_