

Winchester Soccer Club

Veterans Day Tournament: November 13-14, 2004!



Registration Deadline October 30, 2004

After this date, teams will be added on a "space available" basis

Contacts: Michael Creane 781.729.6306 (michaelcreane@aol.com) / Bob Bilicki 781.721.1474 (bbsquared@comcast.net)

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

Full Payment required with all entries :

6 v 6 teams: \$250 per team / 12 Player Roster Limit

8 v 8 teams: \$325 per team / 15 Player Roster Limit

11 v 11 teams: \$325 per team / 15 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

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 ___ U9 ___ U10 ___ U11 ___ U12 ___ U13 ___ U14

Girls ___ U9 ___ U10 ___ U11 ___ U12 ___ U13 ___ U14

Please Describe your teams abilities: _____

Fall 04 League/Division: _____ Record _____ Spring 04 League/Division: _____ Record _____

Coach's Full Name _____ Coach Email: _____

Mailing Address(Street or PO Box): _____

City or Town: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____ Cell _____