

**15th Annual Tomah Youth Soccer Tournament
May 1st, 2nd, and 3rd
Non-Sanctioned**

Application & Roster Form

Team Name:							
Team Jersey Color:				Team Short Color:			
Coach Name:				Team Contact:			
Address:				Address:			
Email:				Email:			
Home Phone: ()				Home Phone: ()			
Cell Phone: ()				Cell Phone: ()			
Age Division: Co-Ed U-7 U-8							
Boys- U-9 U-10 U-11 U-12 U-13 U-14							
Girls- U-9 U-10 U-11 U-12 U-13 U-14							
Team Roster							
No.	Player Name	Birth Date	Age	No.	Player Name	Birth Date	Age
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			
				21			

I hereby, for myself, administrators, and above assignees, release the Tomah Youth Soccer Club and Tomah VAMC from all responsibilities resulting from any and all injuries sustained while participating in, or attending games, practices, or events as part of this tournament. I further agree to abide by the rules and regulations.

Signature of the Coach: _____ **Date:** _____

Entry Fee: U7/8= \$120 U9/10= \$140 U11/12= \$160 U/13 & UP= \$180 Per Team
Max Players on Roster U7/8= 8 U9/10= 12 U11/12= 16 U13 & UP= 21

Notes/Comments:

1. You may attach an Official CRC Team Roster instead of completing this form.
2. Up to three guest players may be added to the roster but they must be listed and approved prior to the first game of the tournament.
3. Guest players cannot be from the players from other teams that are competing in the same age brackets in the tournament.

Deadline: April 10, 2009 (Priority will be given to last year Team participants as long as they meet the entry deadline). **No Refunds will be given after April 10th.**

Please make checks payable to Tomah Youth Soccer Association and mail to:

**TYSA
P.O. Box 233
Tomah, Wisconsin 54660**

For additional tournament information, go to www.tomahyouthsoccer.com. You may also contact Tournament Coordinator Deb Reid at Shawkeyes@centurytel.net