

# LAUREANO RUIZ SOCCER TOURNAMENT

## TOURNAMENT REGISTRATION FORM

### TEAM INFORMATION:

Team Name \_\_\_\_\_ Team Club \_\_\_\_\_

Age group \_\_\_\_\_ Gender \_\_\_\_\_ Teams colors \_\_\_\_\_

Team's division in Fall 2009 (Div 2, Premier, etc) \_\_\_\_\_

Level of play desired: Least Competitive  Competitive  Most Competitive

### COACH/CONTACT INFORMATION:

Coach's Name \_\_\_\_\_

Coach's address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Coach's phone number \_\_\_\_\_ Coach's email \_\_\_\_\_

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Contact's Name \_\_\_\_\_

Contact's address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact's phone number \_\_\_\_\_ Contact's email \_\_\_\_\_

Who should we contact with tournament information like schedules, etc?

Coach  Manager  Both

Teams are scheduled on a first come, first served basis. Your spot in the tournament is not reserved until your check has been received. Checks should be made payable to: Laureano Ruiz Soccer Academy

Please complete the form and mail with your check for \$350 to:

Laureano Ruiz Soccer Academy

PO Box 693

Poughquag, NY 12570

845 797-9851