



**Souderton Area Soccer Association
2016 SISL'R SLAM Intramural / Rec-Select
Soccer Tournament**

**Girls: Saturday Nov. 5th Rain Date: Sunday Nov. 6th
Boys: Saturday Nov. 12th Rain Date: Sunday Nov. 13th**

REGISTRATION FORM

(Please make copies of this form for other coaches)

NAME OF YOUR LEAGUE OR CLUB: _____

TEAM NAME: _____ TEAM COLOR(S): _____

AGE GROUP & DIVISION: *(Please check the gender AND age group)*

Girls _____		Boys _____	
U8 _____	U14 _____	U8 _____	U14 _____
U10 _____	U16 _____	U10 _____	U16 _____
U12 _____	U19 _____	U12 _____	U19 _____

COACH NAME: _____

HOME/CELL PHONE: _____ E-Mail: _____

COACH SIGNATURE: _____ Date: _____

CLUB OFFICER'S SIGNATURE: _____ Date: _____

TITLE OF CLUB OFFICER: _____

PHONE NUMBER: _____ E-Mail: _____

Terms and Conditions

1. *All teams will be responsible for their own insurance and medical release forms. In case of an accident or injury to, from or during the tournament, Souderton Intramural Soccer League or Souderton Area Soccer Association will not be held liable.*
 2. U8, U10, U12, U14, U16, & U19 will be **\$250.00** per team.
 3. Please enclose your check made payable to **SISL**.
 4. In the event of a team or tournament cancellation, a \$75.00 fee will be assessed for administrative cost.
- ◆ *Registration, roster and check must be received by October 26th, 2016 for the girl's tournament and November 2nd, 2016 for the boy's tournament. Any missing paperwork may result in your team being omitted from our tournament.*

Send all paperwork to:

Jill & Ed Toy
SISL – Tournament Directors
41 Highland Drive
Telford, PA 18969

Any Questions:

Email: sislsoccertd@gmail.com
Phone: 267-281-4014

Team Roster

(Please make copies of this form for other coaches)

League Club or Affiliation: _____

Team Name: _____ Division: U- _____ (Girls/Boys)
Circle One

Head Coach Name: _____

Phone #: _____ Email: _____

Assistant Coach Name: _____

Phone #: _____ Email: _____

<u>PLAYERS NAME</u>	<u>BIRTHDATE</u>	<u>UNIFORM #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

I hereby certify that these players are eligible by birth date and other Tournament Rules.

Coach Signature: _____ Date: _____

League President Signature _____ Date: _____