

Napa Valley Cup Tournament Application

Tournament Name: Napa Valley Cup

Tournament Date: Oct 6-7, 2007

Team Name _____

Team Contact Person _____ Title _____

Address _____ City / State / Zip Code _____

E-Mail _____ Cell Phone (____) _____

Home Phone (____) _____ Work Phone (____) _____

ROSTER INFORMATION

Coach _____ Asst. Coach _____

Phone (____) _____ Cell (____) _____ Phone (____) _____ Cell (____) _____

E-mail _____ E-mail _____

PLAYER NAME

BIRTHDATE (MM/DD/YY)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____

CIRCLE SELECTIONS:

GENDER: **M** **F**

AGE GROUP: **U10** **U12**

U14

THIS FORM DOES NOT CONSTITUTE AN OFFICIAL TEAM CREDENTIAL

I have read and acknowledge the procedures listed on the reverse side of this application _____

Team official's signature

MUST USE CURRENT YEAR APPLICATION

