



TEAM REGISTRATION FORM

Team Name: _____

Club Name: _____

Coach Name: _____

Phone Number: _____

Address: _____

(street address) (city) (postal code)

Email Address: _____

Team Type: Boys Girls

Current Division of Play: _____ (Tier 1, 2, 2A, 2B)

U11

U13

U15

U17

SIGNATURE: _____ DATE: _____

- Each team is guaranteed a minimum of three games.
- Tournament organizers reserve the right to move teams between pools.
- Please make cheque payable to *Connor Timmons Memorial Soccer Tournament*.
- Mail to:

CONNOR TIMMONS MEMORIAL SOCCER TOURNAMENT

c/o Bruce Marsh

370 Hudson Street New Waterford, NS

B1H 3P6

marshouse@ns.sympatico.ca