

2008 CITY CUP APPLICATION

(Please Print)

Team Name: _____ Age Group: _____
Circle One: *Boys* *Girls*

Club Affiliation: _____ Team Jersey Color: _____
(Club Sponsored Colors)

Coach Name: _____ Phone: _____
Day _____
Evening _____

Coach Address: _____

Asst. Coach Name: _____ Phone: _____
Day _____
Evening _____

I certify that ONLY those players who are and have been registered on my team with SRYSL and CYSA this season will play. Over-age players will not be allowed to play. Any attempt to play illegal players will result in forfeiture of ALL tournament games. Guest Players will NOT be allowed in this tournament!

As part of being an accepted team to this tournament you may be called upon to help monitor a field and provide volunteers to assist during the City Cup Tournament.

Coach's Signature: _____ Date: _____

Number of players on your team: _____

MAKE CHECKS (\$150.00) PAYABLE TO: "SRYSL"
Include Self-Addressed Stamped Legal Sized Envelope
DO NOT POSTMARK BEFORE August 13, 2008
APPLICATION DEADLINE IS
SEPTEMBER 3rd, 2008 @5pm

Teagan Parks, Chairperson
City Cup Committee
1495 S. Wright Rd.
Santa Rosa, Ca. 95407