

# 2010 SRYSL City Cup Application

Team Name:	Age Group:
Club Affiliation:	Boys          Girls

Coach Name:	Email:
Phone:	Alternate Phone:
Address:	

Asst. Coach:	Phone:
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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 for any reason. 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 in this tournament you may be called upon to help monitor a field and provide volunteers to assist during the tournament.*

Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

Number of Players on team \_\_\_\_\_

Please make checks payable (\$175.00) to: "SRYSL"  
 Include Self Addressed Stamped Envelope  
 DO NOT POST MARK BEFORE AUGUST 7, 2010  
**APPLICATION DEADLINE IS**  
**SEPTEMBER 3, 2010 @5PM**

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