

2011 SRYSL City Cup Application

TEAM NAME _____ Age _____
CLUB AFFILIATION _____ BOYS /GIRLS

Coach Name _____ Phone _____
Coach Email _____ Cell _____
Coach Address _____

Assistant Coach Name _____ Phone _____

As coach I certify that ONLY those players who are and have been registered with 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 an illegal player 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 8, 2011

**APPLICATION DEADLINE IS:
MONDAY SEPTEMBER 5, 2011 @5PM**

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

Tournament Use Only

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NA	
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