

GOODSPORTS SOCCER TOURNAMENT REGISTRATION FORM

Download additional registration forms online: www.goodsportsusa.com

Captain/Contact Name: _____	Team Name: _____
Contact's Email Address: _____	
Address: _____	Home Phone: _____
City: _____ State: _____ Zip: _____	Cell Phone: _____
Amount Paid: \$ _____	Date: _____
CASH ONLY (No refunds will be given)	

**\$200 DEPOSIT AND CREDIT CARD MUST BE SUBMITTED WITH REGISTRATION TO BE LOCKED IN LEAGUE
TEAM PAYMENTS MUST BE MADE IN FULL BY FIRST GAME OF SEASON OR THE BALANCE WILL BE APPLIED TO THE
ABOVE CREDIT CARD. NO REFUNDS WILL BE GIVEN.
TEAMS ARE ACCEPTED ON A FIRST COME FIRST SERVE BASIS. LIMITED SPOTS - REGISTER EARLY!**

**Please read above carefully and sign the following Registration Agreement.
I acknowledge and agree to the above terms by signing below.**

Signature: _____ Print Name: _____

USE ONE FORM PER TEAM. Please call us for additional forms if needed or download forms online.

MARK THE TOURNAMENT YOU ARE REGISTERING FOR:

- CO-ED OPEN ELITE 6 - AUGUST 27TH
- WOMENS OPEN ELITE 6 - AUGUST 23RD
- MENS OPEN ELITE 6 - AUGUST 24TH
- MENS OVER 30 - AUGUST 27TH

SPECIAL REQUESTS: _____

