



TOURNAMENT REGISTRATION FORM

TEAM INFORMATION

Team Name _____ Team Club _____

Age group _____ Gender _____ Teams colors _____

Team's division in Fall 2009 (Div 2, Premier, etc)

Level of play desired:

Least Competitive [] Competitive [] Most Competitive []

COACH/CONTACT INFORMATION

Coach's Name _____

Street _____

City _____ State _____ Zip _____

Coach's phone number(s) _____

Coach's email _____

-

Contact's Name _____

Street _____

City _____ State _____ Zip _____

Contact's phone number(s) _____

Contact's email _____

Who should we contact with tournament information like schedules, etc?

Coach [] Manager [] Both []

Teams are scheduled on a first come, first served basis. Your spot in the tournament is not reserved until your check has been received.

Checks should be made payable to: Laureano Ruiz Soccer Academy

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Please complete the form and mail with your check for \$350 to:

Laureano Ruiz Soccer Academy Corp.

335 Sylvan Lake Rd.

Hopewell Junction, N.Y. 12533

Phone: 845.226.GOAL (4625)

Fax: 845.226.KICK (5425)