

2006 REGION D CUP ENTRY FORM

I request entry into the following age group of the Region Cup:

Age Category: _____ Type of Team: Co-ed____ Boys____ Girls____

TEAM INFORMATION: District _____ Team Code _____ League _____

Team Name: _____

Jersey Colors: Primary:_____ Alternate:_____

Coach or Manager: Name:_____

Address:_____

City:_____ Zip:_____

Home phone: _____ Office phone:_____

All information about dates and fees is given in the Cup Rules and Regulations. My signature certifies that I have read and agree to abide by the Rules and Regulations of the Region Cup. I will ensure my players, managers, and parents also understand and abide by these rules.

The applicable entry fee (U9 & U10 - \$275.00,U11 and up \$350.00) and team roster must be submitted with this form. The team roster size is fourteen (14)for U-9, U-10, U-11 & U-12, eighteen (18) for U-13 - U-16 and twenty-two(22) for U17 and U19.All players must have the same team code.

Please indicate your choice:

___ If my team wins Region Cup or is invited, it will represent our Region at the President's Cup in Region C, April 8 & 9, 2006

___ My team will not go to the President's Cup regardless of Cup results.

COACH/MANAGER (please print) SIGNATURE DATE

As a club official, my signature guarantees the performance of the above team. I understand the conditions for which the non-performance fees will be charged. I acknowledge that the club will be responsible for any non-performance fees. I certify the team is in good standing with our club. If the team accepts or earns an invitation to the President's Cup, the club will support it.

CLUB/LEAGUE REPRESENTATIVE SIGNATURE DATE

ADDRESS _____ PHONE _____

DISTRICT COMMISSIONER SIGNATURE DATE

Submit with fees to District Commissioner who sends to Region VP