



## Go Cup 2020 Registration Form

April 4<sup>th</sup>-11<sup>th</sup>, 2019

Name of Club/Team (As it should appear on the standings): \_\_\_\_\_

Head Coach Name: \_\_\_\_\_

Head Coach Email: \_\_\_\_\_

Manager/Contact Person Name: \_\_\_\_\_

Manager/Contact Person Email: \_\_\_\_\_

Manager/Contact Person Phone Number (Include Country Code): \_\_\_\_\_

Manager/Contact Person Address: \_\_\_\_\_

Total Number of Players on the Roster: \_\_\_\_\_

Total Number of Team Admins (including the Head Coach): \_\_\_\_\_

Total Number of Companions/Chaperons/Team Guests: \_\_\_\_\_

(Any person that will be traveling with the team that is not a player or team admin.)

I understand that by completing, signing and submitting this registration form, the team mentioned above, its players, team admins and all guests will abide by all the tournament rules and regulations.

By signing this form, I understand that all payments will be made with a VISA or MasterCard. I understand that the different packages have different price values and that I will need to supply Pro Futbol Connect and Go Cup with a list of all attendees and the package that each member and guest wish to purchase.

Submit the registration form to: [info@profutbolconnect.com](mailto:info@profutbolconnect.com)

Name (Print): \_\_\_\_\_ Role/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_