



TFC YOUTH SOCCER COMPETITION

TEAM REGISTRATION FORM

TEAM NAME/NOMBRE DE EQUIPO _____ DIVISION ANO _____

COACH/ENTRENADOR _____ PHONE: (____) _____

ADDRESS/DIRECCION _____

EMAIL: _____

TEAM MANAGER/ADMINISTRADOR _____

PHONE (____) _____ EMAIL: _____

As the team manager and coach , we hereby verify that all players on this team are eligible to participate in league/tournament play. We are aware of the TFC rules and other specific information regarding the manner in which the league/tournament is to be conducted. We fulfill the requirements formulated by the organizers of this tournament.

We accept responsibility for supervising the conduct of all players listed on our team roster while participating in the TFC SOCCER COMPETITION League/tournament. We as a team will strive to promote fair play and good sportmanship for the betterment of the league/tournament.

Coach's Signature _____ DATE _____

Manager's Signature _____ DATE _____

PLEASE PRINT OR TYPE FORM MUST HAVE ALL INFORMATION TO BE ACCEPTED

OFFICE ONLY

PAYMENT RECEIVED _____

BALANCE DUE _____

CHECK# _____

HOME FIELD _____

PICTURE

