



ALL IN SOCCER... LIVE IT & LOVE IT!



REGISTRATION FORM

TEAM

NAME

CITY

AGE GROUPS

Please the age group of your team

U14 (2010 - 2011)

U10 (2014 - 2015)

U12 (2012 - 2013)

U 8 (2016 - 2017)

1 TEAM MANAGER

NAME

PHONE

CELL

E-MAIL

ADDRESS

CITY

K.

TOTAL No OF PARTICIPANTS (Kids/ Coaches/ Escorts)

Participants

I verify that all players are medical able to participate in SS Youth Festival 2024

I allow the organization to use any photographs, or any other record of this event for any legal use.

I allow the organizer to use my personal information to receive notifications of SPORTCAMP events

TEAM MANAGER
NAME & SIGNATURE

