2010 TOURNAMENT PLAYER INFORMATION FORM

TEAM NAME: _____

COACH NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL:_____

PLAYER NAMES (please print) DATE OF BIRTH UNIFORM # (must be included)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

Return entry fee, application form, player information sheet, official team roster, and proof of insurance to:

Parkland Area Soccer Club
c/o 2010 Rec Tournament
P.O. Box 462
Orefield, PA 18069