



Jefferson Open 3v3

Registration Form

**Form to be completed and turned into
the Registration Tent 1 hour before
team's first game on Saturday.**

Team Name: _____

Age Group / Gender: _____

Coaches Name _____

Coaches Contact Number _____

	Name of Player	Date of Birth	Club or Rec Organ. played for Fall 09 or Spring 10	Travel or Rec
1				
2				
3				
4				
5				
6				

Coach's or Manager's Signature

Above Signature affirms players birthdates and that players played Travel or Recreational Soccer in the Fall of 09 or the Spring of 10

**For more information and schedules go to
www.strikerstournaments.com
Or contact Chris at tournaments@richmondstrikers.com**