

4th Annual Waynesboro Fall Finale Soccer Tournament Application

Club Name: _____

State Assoc.: _____

Team Name: _____

Check one: Boys _____ Girls _____ Age Division _____

Jersey Colors (primary): _____ Jersey Color (alt.): _____

Coach's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Coach's email (required):

Secondary contact name: _____ Phone: _____

Team's fall league (competitive level): _____

I hereby affirm that this team is insured, that we meet the requirements to participate in this tournament and will abide by its rules.

_____(initial)

I understand that tournament registration takes place at the WYSA complex at least 30 minutes before my first match. _____(initial)

Coach's Signature: _____ Date:

Mail to: WYSA Soccer Tournament c/o Bill Adams
11287 Crofton Circle
Waynesboro, PA 17268