

# 1st Annual Holiday Champions Cup

## November 26, 27, & 28, 2021

This form must be completely filled out

Team Name: \_\_\_\_\_ Age: U \_\_\_\_ Boys: \_\_\_\_ Girls: \_\_\_\_

State Affiliation: \_\_\_\_\_ League: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_

Manager: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_

Uniform Color: \_\_\_\_\_

	Player Name	Player/USYSA #	Date of Birth	Loan (Y/N)
1:	_____	_____	_____	_____
2:	_____	_____	_____	_____
3:	_____	_____	_____	_____
4:	_____	_____	_____	_____
5:	_____	_____	_____	_____
6:	_____	_____	_____	_____
7:	_____	_____	_____	_____
8:	_____	_____	_____	_____
9:	_____	_____	_____	_____
10:	_____	_____	_____	_____
11:	_____	_____	_____	_____
12:	_____	_____	_____	_____
13:	_____	_____	_____	_____
14:	_____	_____	_____	_____
15:	_____	_____	_____	_____
16:	_____	_____	_____	_____
17:	_____	_____	_____	_____
18:	_____	_____	_____	_____

Coaches Signature: \_\_\_\_\_

Don't forget to include your cashier's check or money order for \$300.00 with your application.