

2017 Fall Shootout

October 14-15, 2017

Application Form

Important: This form must be completely filled out, signed, dated and returned to Fall Shootout, PO Box 864, Carmichael, CA, 95609 with your Team Roster (including CYSA Numbers), entry fee and a team email address by October 4, 2017. You must also send the application and roster to ada.nhaysc@gmail.com to secure your registration. You may have up to 4 guest players on your team, but they must be registered and playing in the same club as your team at the start of the 2017-2018 season. Coaches must have player passes for each player listed on your roster. This is a tournament for recreational class 4 players.

Gender: Boys Girls
Age Group: U-10 U-12 U-14 U-16 U-19

Team Name: _____ CYSA Team Number: _____

Home Club and League: _____

Primary Contact:

Name: _____ Coach Asst. Coach

Address: _____ Team Manager

City: _____ Zip: _____

Best Phone: (____) _____ Alt. Phone: (____) _____

E-Mail: _____ (mandatory)

Alternate Contact:

Name: _____ Coach Asst. Coach

Address: _____ Team Manager

City: _____ Zip: _____

Best Phone:(____) _____ Alt. Phone: (____) _____

E-Mail: _____

Please mark one: We are a First Year / Second Year team in our Age Group.

Team Representative: Sign Name: _____ Date: _____

Enclosed is our check# _____, in the amount of

- \$275 For U10
- \$300 For U12 through U19 Teams

Please make check payable to CVYSL

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Important: This roster must be filled out including CYSA Numbers, signed, dated and returned to Fall Shootout, PO Box 864, Carmichael, CA, 95609 with your application. You must also send the application and roster to ada.nhaysc@gmail.com to secure your registration. You may have up to 4 guest players on your team, but they must be registered and playing in the same club as your team at the start of the 2017-2018 season. You must also have player passes for each player listed on your roster below. Recreational players only.

Please denote your guest players by placing an * next to their name

PLAYER NAME (<i>PLEASE PRINT</i>)	CYSA Number
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

Team Representative Signature

Date