



2011 Columbus Day Classic Registration Form

(Revised 7/25/11)

Application & payment (\$500→11v11-Teams; \$375→ 8v8-Teams) must be received by August 31, 2011

NO TEAM WILL BE ACCEPTED UNTIL PAYMENT IS RECEIVED!

Please submit a copy of your roster (if available) & make check payable to River Soccer Club, and mail to:

River Soccer Club

P.O. Box 328

Georgetown, DE 19947 ATTN: Michael Izzo

Club: _____ Team: _____

Please Circle: Boys → U10 U11 U12 U13 U14

Please Circle: Girls → U10 U11 U12 U13 U14

League: _____ Record: Spring '11 _____ Fall '10 _____

Notable Tournament Results: 1. _____

2. _____

3. _____

Comments? _____

CONTACT INFORMATION

Name of Coach/Team Official: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone (Important!): _____

E-mail: (required) _____

2nd CONTACT INFORMATION:

2nd Contact Name: _____

Home Phone: _____ Cell Phone (Important!): _____

E-mail: _____

Questions? Michael Izzo @ columbusdayclassic@yahoo.com