



Each team must fill out a Team Registration Form before participating in the 4v4 Soccer Tournament. We ask one team representative to provide one team registration form per team, all medical release forms (one per player), and payment online at www.ucpremier.org or check payable to UCYSL.

Please mail to:
4v4 Soccer Tournament
2488 Shield Dr
Union City, Ca. 94587

Team Name: _____

Age Group (*2011 Fall age matrix*): _____

Gender: _____

Team Contact Name: _____

Team Contact Phone: _____

Team Contact Cell: _____

Team Contact Email: _____

Player Roster Name & Date of Birth

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

Player 5: _____

Player 6: _____

Player 7: _____

Player 8: _____

Reminder:

Teams must have a minimum of 4 players and a maximum of 8 players per team. Only players registered with the team and listed on the roster may participate in the 4v4 Soccer tournament.

SPONSORS & PARTNERS

