

2009 Girls Fallston Cup Team Registration Form:

Team Name:

Organization Name:

Level of Play: Most Recent REGULAR SEASON Played

League and Season	Division	Record
<input type="text"/>	<input type="text"/>	<input type="text"/>

Most Recent TOURNAMENT Played

Tournament Name and Season	Division	Place/Record
<input type="text"/>	<input type="text"/>	<input type="text"/>

Age Group according to FALL 2009

Proof of AGE

MSYSA Roster, CMSA/BMGSL Roster, Birth Certificates, Other (submit with Application)

Coach:

First name:	<input type="text"/>	Last name:	<input type="text"/>
Address:			
City:	<input type="text"/>	State:	<input type="text"/>
ZIP:	<input type="text"/>	Phone:	
E-mail			

Asst Coach/Mgr:

First name:	<input type="text"/>	Last name:	<input type="text"/>
Address:			
City:	<input type="text"/>	State:	<input type="text"/>
ZIP:	<input type="text"/>	Phone:	
E-Mail:			

Roster:

	Name	DOB
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>

	Name	DOB
10.	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>
13.	<input type="text"/>	<input type="text"/>
14.	<input type="text"/>	<input type="text"/>
15.	<input type="text"/>	<input type="text"/>
16.	<input type="text"/>	<input type="text"/>
17.	<input type="text"/>	<input type="text"/>
18.	<input type="text"/>	<input type="text"/>

ACKNOWLEDGEMENT/RELEASE OF LIABILITY: MUST BE SIGNED WITH APPLICATION

■ The coach/team representative signing this form understands that there are no guaranteed refunds for inability to hold tournament for weather, act of God, or circumstances beyond director's control. Director has full authority to bracket teams and to change, cancel or shorten games to facilitate tournament. Teams expressly waive any and all liability for any injury or damage to persons or property caused directly or indirectly by tournament, Fallston Rec. Council or any personnel assisting in the tournament.

Coach/manager signature: _____

Date: _____

■ Mail completed application and check for \$275/\$295.00 payable to "Fallston Rec. Council" to:
Cost: \$275.00 for U8 thru U11 or \$295.00 for U12 thru U14 and Seniors (15 and up)

■ All questions to Chris Donhauser by e-mail at fallstoncup@comcast.net

Chris Donhauser
ATTN: FALLSTON CUP
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