



3v3 Registration Form - 2019

Form to be completed and turned into
the Registration Tent 1 hour before
team's first game on Saturday.

Team Name: _____

Age Group / Gender: _____

Coaches Name: _____

Coaches Contact Number: _____

	Name of Player	Date of Birth	Club or Rec Organ. played for Fall 2019	Travel or Rec
1				
2				
3				
4				
5				
6				

Coach's or Manager's Signature: _____

Above Signature affirms players birthdates and that players played Travel or Recreational Soccer in the Fall of 2017 or the Spring of 2018

For more information and schedules go to www.strikerstournaments.com
Or contact tournaments@richmondstrikers.com