

# Lockport Soccer's Lockport Cup June 23-25 2017

Organization \_\_\_\_\_ Team Name \_\_\_\_\_ Division **U-** \_\_\_\_\_ Circle: **B** or **G**

Coach Name \_\_\_\_\_ Phone (    ) - \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Assistant Coach \_\_\_\_\_ Phone (    ) - \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

U9/10 Maximum roster size of 14 (7v7) \$350 per team  
 U11/12 Maximum roster size of 16 (9v9) \$375 per team  
 U13/14/15 Maximum roster size of 18 (11v11) \$395 per team

	Name	Jersey #	ID Number	Birthdate
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
	13.			
U9/10	14.			
	15.			
U11/12	16.			
	17.			
U13-15	18.			

Team Representative Signature \_\_\_\_\_

Team Rep. Phone \_\_\_\_\_ Team Rep. Email \_\_\_\_\_

Please make checks payable to **Lockport Soccer Club** and submit with form to:  
 Lockport Cup, 16525 West 159<sup>th</sup> St, Suite 316, Lockport, IL 60441

Payment Rec'd Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_