



Scarborough National Malvern Soccer Club

Family Day Indoor Soccer Tournament

Registration Fee: \$225.00

Team Name: _____

Coach's Name(s) _____

Club Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Please make checks payable to: Scarborough National Malvern Soccer Club
PO Box 37554
Malvern Town Centre PA
Tel: 416.410.7729
Fax: 416.410.7729

Division Requested (circle one): U8 U9 U10 U11 U12 (Please identify): Boys / Girls

Jersey Number	Player Name (please print)	Date of Birth (mm/dd/yyyy)	OSA Registration #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

TERMS: Completed registrations are accepted on a first come first serve basis. I understand that if my team is not accepted, the entry fee will be returned in full. I further understand that if my team is accepted and later withdraws, the entry fee will be forfeited.

Signature _____ Date (mm/dd/yyyy): _____

Additional Information:

1. A tentative roster is part of the application. Please complete with players listed alphabetically.
2. Upon acceptant in the SNMSC Family Day Indoor Soccer Tournament, teams will receive in information packet.
2. In order to list your team, coaches, and roster in the program, information needs to be submitted by February 10.
3. Maximum roster size is 14 players.