



## Mixed Adult Indoor Tournament Registration Form

**Please Circle:**

Open Division (16 years and older)  
Over 30 Recreational Division

Bronze / Silver

**Team Name:** \_\_\_\_\_  
**Association:** \_\_\_\_\_

### **Coach Contact Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

### **Manager Contact Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Home Jersey Colour:** \_\_\_\_\_ **Away Jersey Colour:** \_\_\_\_\_

**Please complete this registration form and mail along with a cheque or money order to:**

**Quesnel Youth Soccer Association**  
**980 Anderson Drive Quesnel BC V2J 6N8**  
**Phone (250) 992-2223 Fax (250) 992-3332 WWW.QYSA.CA**



## Team Roster

Maximum 16 players.

Roster must be submitted at least one hour prior to the first scheduled game.

**Team Name:** \_\_\_\_\_

	<b>Jersey #</b>	<b>First Name</b>	<b>Last Name</b>	<b>Birth Date (dd/mm/yr)</b>	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

**Quesnel Youth Soccer Association**  
980 Anderson Drive Quesnel BC V2J 6N8  
Phone (250) 992-2223 Fax (250) 992-3332 WWW.QYSA.CA