



Youth Indoor Tournament Registration Form

Please Circle:

Bronze / Silver

Girls / Boys

Team Name: _____

Age Division: _____

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: _____

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

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