



SANTA CRUZ 7 ON 7 COED SOCCER TOURNAMENT

Sky Park, Scotts Valley July 17th & 18th

Entry Form

Team Name: _____

Division (full name): _____

Team Manager: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (hm): _____ **Work:** _____

Fax: _____ **Email:** _____

Entry Fee \$475.00

Entry Deadline: July 5th

Early-Bird \$425.00

Entry Deadline: June 6th

Please make checks payable to:

Orca Sports Promotions

Please mail check and entry form to:

Orca Sports Promotions

PO Box 8150

Santa Cruz CA 95061

For Office Use Only
Date pymt rc'd _____
Cash ___ Check ___ Credit ___
Confirmed _____

The team manager is responsible for all paperwork, finances, waivers, game times, and team communication with the tournament staff. **The team manager will be present during registration with all players 1 hour prior to first game.** Players cannot be registered after the first day. Players may meet age requirements during calendar year.

Manager's Signature: _____ **Date:** _____

To all the managers, I thank you for your attention to the organization of your team, your efforts greatly affect the success of the tournament

Sincerely,
TROY