



## 3v3 Registration Form

Form to be completed and turned into the Registration Tent 1 hour before team's first game on Saturday.

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

Age Group / Gender: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

Coaches Contact Number: \_\_\_\_\_

	Name of Player	Date of Birth	Club or Rec Organ. played for Fall 16 or Spring 17	Travel or Rec
1				
2				
3				
4				
5				
6				

Coach's or Manager's Signature: \_\_\_\_\_

Above Signature affirms players birthdates and that players played Travel or Recreational Soccer in the Fall of 2016 or the Spring of 2017

For more information and schedules go to [www.strikerstournaments.com](http://www.strikerstournaments.com)  
Or contact [tournaments@richmondstrikers.com](mailto:tournaments@richmondstrikers.com)