

F A L L 2 0 0 8
D I S T R I C T 5
R E C R E A T I O N F E S T I V A L

R E G I S T R A T I O N
F O R M

Team Name: _____

Soccer Association (Ex. ABYSA, HSA, TVYSA): _____

Age Group/Division (Pick One):

U8 Coed_____ U8 Girls_____

U9 Coed_____ U9 Girls_____

U10 Coed_____ U10 Girls_____

U11 Coed_____ U11 Girls_____

U12 Coed_____ U12 Girls_____

U14 Coed_____ U14 Girls_____

Coaches Name: _____

Phone Number(Home):_____ (Work):_____ (Cell):_____

Email: _____

Address: _____

City:_____ State:_____ Zip:_____

Application deadline: Postmarked by Friday October 31, 2008.

To register your team, please submit this registration form along with:

****A NCYSA registrar stamped roster.**
(We will take care of stamp for all ABYSA Teams)**

****A check for the appropriate fee made payable to ABYSA.**
(\$90 per team U8-U10, \$140 per team U11-U14)**

**Send to:
ABYSA
PO Box 895
Asheville, NC 28802**