



Byron Bergen Sting Soccer Club

Annual Indoor Tournament

Registration Form

**Team Info**

**Coaches Info**

Club Name \_\_\_\_\_

Coach \_\_\_\_\_

Team Name \_\_\_\_\_ Color \_\_\_\_\_

Address \_\_\_\_\_

Boys  Girls

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Team Level*

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Elementary  Jr High  JV

Email Address \_\_\_\_\_

Varsity

Manager \_\_\_\_\_ Cell \_\_\_\_\_

**Players**

\_\_\_\_\_  
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**Fees**

First Team **\$100**

Each additional from same club **\$90**

Please make checks payable to **Byron Bergen Sting Soccer Club**  
Please one check per club

Mail to: Byron Bergen Sting Soccer Club  
c/o Jeff Lathan  
PO Box 148  
South Byron, NY 14557

**Payment Due March 14, 2011**

*Additional Info at our website, [www.bbstingsoccer.com](http://www.bbstingsoccer.com)*