## **Southwick Shootout 3V3 SOCCER TOURNAMENT**

March 28, 2020

Team Registration Form (Please print clearly must provide all information)

\$150 per team – Registered by 3/8/20 \$175 per team – Registered after 3/8/20 Registration ends on 3/20/20 Checks payable to: SRC Soccer Mail to: Alie Robb 14 Deer Run

Southwick, MA 01077

Team Name:		-
Team Contact Person:		
City	State	
Contact Phone Number:		
Contact E-Mail:		
Team Gender: (Check One) Male (	) Female ( )	
Age Division: (Check One below)	() U7/U8 () U9 () U10 () U11 () U12 () U13 () U1	4 () High School
Level of Play: (Check One) Travel (	) Premier ( )	
, , , , , , , , , , , , , , , , , , ,	n more than one age division, then your team will be unexpected instances where there are less than four one age group older.	_

Mark Sposato, Tournament Director

Phone: 413-426-4014

Email: srcsoccercontact@gmail.com Website: www.southwick3v3.com

