



Scarborough National Malvern Soccer Club

Family Day Indoor Soccer Tournament 2012

Registration Fee: U8, U9, U10 \$300.00
U11 & UP \$350.00

Team Name: _____

Coach's Name(s) _____

Club Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Payment Methods (circle one): Pay Pal Credit Card Cheque

For Cheque payments: cheques payable to: Scarborough National Malvern Soccer Club
PO Box 37554
Malvern Town Centre PA
M1B 2C0
Tel: 416.294-1125 /416-2938-7114
Fax: 416.410.7729

Division Requested (circle one): U8 U9 U10 U11 U12 U13 U14 U15 U16

(Please identify): Boys / Girls

TERMS: Completed registrations are accepted on a first come first serve basis. I understand that if my team is not accepted, the entry fee will be returned in full. I further understand that if my team is accepted and later withdraws, the entry fee will be forfeited.

Signature _____ Date (mm/dd/yyyy): _____

Additional Information:

1. Upon acceptant in the SNMSC Family Day Indoor Soccer Tournament, teams will receive in information packet.
2. In order to list your team, coaches, and roster in the program, information needs to be submitted by February 10 2012.
3. Maximum roster size is U8, U9 & U10 is 14 players and U11 and Up is 18 players.
4. Teams outside the Scarborough District needs to get a valid travel permit
5. All players must be registered and have their players books stamped