

SPARTA CUP TEAM REGISTRATITION FORM

Team Name _____ State Association _____

Age-Group 2010-2011 U-____ Boys ____ Girls ____ Overall Record for 2009/2010 _____

State Cup Championship Yes ____ No ____ Final State Cup Placement _____

Request Division (if available) Gold _____ Silver _____

Coaches Name _____ Phone _____ Mobile _____

Address _____ City _____ State _____ Zip _____

Manager Name _____ Phone _____ Mobile _____

Address _____ City _____ State _____ Zip _____

Team Roster (Please list in alphabetical order)

No.	Name	Birth Date	No.	Name	Birth Date
1.	_____	_____	11.	_____	_____
2.	_____	_____	12.	_____	_____
3.	_____	_____	13.	_____	_____
4.	_____	_____	14.	_____	_____
5.	_____	_____	15.	_____	_____
6.	_____	_____	16.	_____	_____
7.	_____	_____	17.	_____	_____
8.	_____	_____	18.	_____	_____
9.	_____	_____	19.	_____	_____
10.	_____	_____	20.	_____	_____

Please accept my application for the Twenty-Ninth Sparta Cup to be held August 9-14, 2010. My check has been made out to: **Sparta United Soccer Club** in the amount of U-9 \$400.00; U-10/11 \$500.00; U-12/18 600.00 and has been mailed to: Sparta United Soccer Club, 1691 East 6670 South, Salt Lake City, Utah 84121. After team acceptance no refunds will be given.

I understand that this form and the check/money order must be received no later than July 12, 2010. By placing my e-mail address and the date below, I understand this is a signature to this form.

Coach/Managers e-mail address: _____ Date: _____

Print this form for your records and mail this form to the Sparta United Soccer Club. (see address above)