

Stanford Cup 4v4 Team Registration



Team Name: _____

Gender of Team: M F

Age Group (As of Fall 2009): U9 U10 U11 U12 U13

Team Contact's Name: _____ Coach / Team Parent

Street Address: _____ City/State/Zip; _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____

Email Address: _____

Team Roster:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Mail to:

**Stanford Cup 4v4 Registration
Stanford Soccer Academy
Administrative Office
P.O. Box 10430
San Jose, CA 95157-0430**

Questions?

Email – camps@stanfordsoccer.com
Phone: (408) 261-1982

I have enclosed all of the completed individual registration/waiver forms for all of the players on our team along with the \$325 registration fee. I understand that this fee is non-refundable.

Signature: _____

Date: _____