

# Stanford Cup 4v4 Team Registration



Team Name: \_\_\_\_\_

Gender of Team:           M    F

Age Group (As of Fall 2010):           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  
879 E. Hamilton Avenue  
Campbell, CA 95008**

### Questions?

Email – [camps@stanfordsoccer.com](mailto:camps@stanfordsoccer.com)  
Phone: (408) 559-9990

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: \_\_\_\_\_