



# WINGS CUP TOURNAMENT 2010

## Registration Form

Division \_\_\_\_\_ Team Name \_\_\_\_\_  
14 Players per roster, maximum. List players.

Player Name	Player Signature	Number	Office Use
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.(G)			
14.(G)			
Head Coach			
Assistant Coach			
Assistant Coach			

Roster submitted by – Team Mgr.(Print Name) \_\_\_\_\_

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

**I hereby certify that each of the players listed above are the proper age for the division. I further certify the above information is true and correct.**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_