## Participate in Non-SAY Event

To participate in a non-SAY event, please submit this completed form and <u>team roster</u> via email to <u>bbegley@saysoccer.org</u>







SAY Affiliate Information				
SAT Anniale information				
Name of SAYArea/Premier Program	n:			
District Name: (if applicable)				
Team Name: (if applicable)				
Coach:				
Name:				
Address:	City:	State:	ZIP:	
Phone:	Office:	Mobile:		
Email:				
Age Group:				
Signature (SAYArea/Premier)		Date		<del> </del>
Tournament/Event Information				
Event Name:				
Event Address:	City:	State:	ZIP:	
Event Contact:				
Name:				
Phone:	Office:	Mobile:		
Email:				
Event Website:				
Approval (office use only)				
Appi ovai (onice use only)				
Approved by (SAY National Office)				
	<del> </del>	<del></del>		
Position (SAV National Office)		Date		