



Completed Form and Checks are Due by: April 29th

Your Name: _____

Company Name: _____

If the team is coming from a sponsorship package

Email: _____

Phone Number: _____

Address: _____

City/State/Zip: _____

REGISTER YOUR TEAM TODAY:

Foursome:

Team Name: _____

Player 2 Name: _____

Email: _____

Player 3 Name: _____

Email: _____

Player 4 Name: _____

Email: _____

*Please provide an email address for each player.

This will be the main contacted method used*

Fee: \$500

PLEASE RETURN THIS FORM AND PAYMENT TO PO BOX 2865 WINCHESTER, VA 22604

Checks Made Payable to Blue Ridge Youth Soccer Association



