CWSC Revolution Tournament Registration

Entry Fee $395.00 (by July 7th)
Please make checks payable to CWSC, and send to:
PO Box 981 Camas, WA98607

Director Gary Martschinske
president@cwsoccer.com
July 20th - 22nd, 2006

Team Name:		
Club / Association:		
2005 Fall League: Recreational:____	Select:____	Premier:____
2005 Fall Age Group:U-___		
Gender: B G (circle one)		
Team Coach:		
Address:		
City, State, Zip:		
Phone:	Cell Phone:	Fax:
Email Address:		
Contact Person:		
Address:		
City, State, Zip:		
Phone:	Cell Phone:	Fax:
Email Address:		

*****PLEASE ENCLOSE A COPY OF YOUR ROSTER WITH THIS REGISTRATION*****

General Comments:

For Tournament Use Only

Date of Entry: Fee Paid: Check #:
Special Requests: