

# Robbie Mini Soccer Festival

Under 8 Boys & Girls -Saturday June 23rd, 2012

Under 9 Boys & Girls - Sunday June 24th, 2012

## Application Form

U8 Boys & Girls - \$200

U9 Boys & Girls - \$250

Please make cheques payable to **ROBBIE SOCCER**. Indicate your team name and division on cheque.

This form must be RECEIVED with an entry fee by June 1<sup>st</sup>, 2012

Applications **will not** be processed and teams **will not** be notified or accepted without payment. *No Refunds for teams withdrawing after the posted deadline. Teams withdrawing before this date are subject to a \$25 admin fee.*

Club Name: \_\_\_\_\_

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

Age Group: U-8 \_\_\_\_\_ U-9 \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (b) \_\_\_\_\_

\*\*E-mail: \_\_\_\_\_

(must have valid email address, as all info is sent via email)

Club Name : \_\_\_\_\_

City: \_\_\_\_\_ Prov \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

League Name: \_\_\_\_\_

Caliber of your team (your assessment) \_\_\_\_\_

Manager / Coach (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SEND FORM AND PAYMENT TO: ROBBIE SOCCER/ 45 FAIRFAX  
CRESCENT/ TORONTO, ON / M1L 1Z6, FAX (416) 759-9875  
APPLICATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT.**

# *Robbie Mini Soccer Festival*

## TEAM ROSTER 2012

U9 – maximum 14 players

U8- maximum 10 players

TEAM NAME \_\_\_\_\_ CIRCLE: Boys Girls U-8 U-9

|                         | PLAYERS NAME | DATE OF BIRTH     | REGISTRATION # |
|-------------------------|--------------|-------------------|----------------|
| 1                       |              |                   |                |
| 2                       |              |                   |                |
| 3                       |              |                   |                |
| 4                       |              |                   |                |
| 5                       |              |                   |                |
| 6                       |              |                   |                |
| 7                       |              |                   |                |
| 8                       |              |                   |                |
| 9                       |              |                   |                |
| 10                      |              |                   |                |
|                         |              |                   |                |
| 11                      |              |                   |                |
| 12                      |              |                   |                |
| 13                      |              |                   |                |
| 14                      |              |                   |                |
| Coaching Staff Position |              | Name & OSA Number |                |
|                         |              |                   |                |
|                         |              |                   |                |
|                         |              |                   |                |

MANAGER'S / COACH'S NAME \_\_\_\_\_

PLEASE PRINT

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_