

WESTERN INTER-DISTRICT SOCCER LEAGUE 2019 TEAM REGISTRATION FORM

Age Division: Boys Under:

Girls Under:

Club Name:

Team Name:

Team Colors: Shirts:

Shorts:

Home Field - Name and Street Name: _____

Time:

Coach Name:

Telephone Number:

Team Contact:

Telephone Number:

Address:

City:

Postal Code:

E-Mail Address:

Club Official:

Date:

(Club Official Signature)

Please advise if you are entering your team in Ontario Cup.

You do not need to provide Tournament Dates as you will be provided time to adjust your schedule.

Registrations complete **with** appropriate fees **must be received** on or before **January 15.**

Fee Structure:

a) Team Registration Fee

\$600 per team (CLUB CHEQUE ONLY)

b) Performance Bond

\$300.00 per Club

Registration by Mail:

Please send team registration forms and fees to:

John Dutot
25 LaMantia Avenue
Strathroy, Ontario N7G 3Z5

For Office Use Only

Received by: _____ Date: _____