



Saturday, April 12, 2014
Christian Brothers University



Please provide the information required for your team

Team Name: _____

Team Home City: _____

Team Leader Info

Team Captains or Manager: _____

Address: _____

Contact E-mail: _____ Telephone: _____

Team Colors: _____

Team Roster:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Cost: \$300 per team **Make checks payable to:** FCA Soccer **Memo line:** Memphis Cup
For financial assistance contact Ross Paule.

By signing this document, the Team captain or Manager confirms that each player is 18 years old or older:

Team Representative Signature: _____ Date: _____

All Forms must be mailed, email, faxed or handed to Tournament Director Ross Paule.
10177 Mackwood Drive, Lakeland, TN 38002
Faxed to: Jan Averwater, 901-261-4360