

UMYA Fall Soccer Tournament

Team Entry Form

Association or Club: _____ Age Group (circle one): U7 U10 U14 U19
U8 U12 U16

Team Name: _____ Division (circle one): Boys Girls

Team Color: _____

Coach's Name: _____ Contact Number: _____

Email: _____

Coach's Signature: _____

Club Officer: _____ Club Officer Number: _____

Club Officer Email: _____

Club Officer Signature: _____

Terms and Conditions:

- All teams will be responsible for their own insurance and medical release forms. In case of an accident or injury to, from or during the tournament, neither EPYSA, Northern Valley Youth Soccer League nor Upper Milford Youth Association will not be held liable.
- Please enclose your check for \$150.00 for U7 and U8 teams and \$175.00 for U10/12 teams or \$200.00 for U14, U16 and U19 teams made payable to UMYA.
- In the event of a team or tournament cancellation, a \$25.00 fee will be assessed for administrative cost.
- Application, roster and check must be received September 30th

Send to:

Matt Skekel

Tournament Coordinator

5402 Shimerville Road

Emmaus, Pa 18049

484-347-0768

mskekel@gmail.com

