

WEST LINCOLN YOUTH SOCCER CLUB - 2ND ANNUAL

SPORTS VENTURES CUP

2025 TEAM REGISTRATION FORM



TEAM NAME: _____

CLUB NAME: _____

GENDER: GIRLS BOYS

DIVISION: U9 (2016) U10 (2015) U11 (2014) U12 (2013)
 U13 (2012) U14 (2011) U15 (2010) U16 (2009)

LEVEL OF PLAY: TARGET DEVELOPMENT RECREATIONAL COMPETITIVE

LEAGUE YOU CURRENTLY PLAY IN: _____

COACH NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

ASSISTANT COACH NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

MANAGER NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

We hereby agree to abide by the WLYSC Sports Ventures Tournament Rules.

SIGNATURE: _____ PRINT NAME: _____

POSITION: _____ DATE: _____

THE ENTRY FEE MUST ACCOMPANY REGISTRATION FORM.

Payments can be made through e-transfer to wlysc@live.ca

Cheques can be mailed to: WLYSC P.O. Box 439 Smithville, ON L0R 2A0

PLEASE RETURN COMPLETED REGISTRATION FORM TO

TONY CROWLE - sportsventurescup@gmail.com

ENTRY DEADLINE JUNE 1, 2025



WARRIORS