



AUGUST 4 & 5, 2012
21st ANNUAL LIWSL TOURNAMENT
TEAM REGISTRAION

TEAM NAME: _____

COACH'S NAME: _____

PHONE #: _____

EMAIL: _____

COACH'S ADDRESS: _____

UNIFORM COLORS: SHIRTS: _____ **SHORTS:** _____

PAYMENT OPTIONS:

1. Mail completed registration form with check made out to LIWSL to:
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2. Email form to registrar@liwomensoccer.com and pay by credit card using the LIWSL payment link.