

Spring Classic Inter-Provincial

Men's Competitive Soccer Tournament



REGISTRATION FORM

INTER- PROVINCIAL SPRING CLASSIC

CLUB NAME: _____

CONTACT: _____

ADDRESS: _____

TEL. OFFICE: _____

TEL. HOME: _____

ALL CORRESPONDENCE OR CONTACT WILL BE
TO THE PERSON NAMED ABOVE.

TEAM NAME: _____

MANAGER/COACH: _____

ADDRESS: _____

E-MAIL: _____

TEL. HOME: _____

COLOURS SHIRTS: _____

SHORTS: _____

ASSOCIATION OR LEAGUE AFFILIATION:

PROVINCIAL AFFILIATION:

SIGNATURE OF MANAGER OR COACH:

Mail Registration to:

Spring Classic Inter-Provincial Tournament
27 Ben Tirran Crescent,
Stoney Creek, Ontario
L8G 4V8