2012 REGISTRATION FORM
GRAFTON INDOOR SOCCER TOURNAMENT

Age: **Circle One:** U-8 U-10 U-12 U-14 Academy U-8 Academy U-10
Division: **Check One:** Boys: _____ Coed:_____ Girls:_____
Team Name: _____
Association/Club: _____

NOTE: The Team Contact listed below will receive all information regarding the tournament.
Team Contact: _____ Email:_____
Home Phone:_____ Work Phone: _____ Cell Phone: _____
Address: _____ City: _____ State: _____ Zip:_____
Coach: _____ Email:_____
Home Phone:_____ Work Phone: _____ Cell Phone: _____
Address: _____ City: _____ State: _____ Zip:_____

Team Roster
Jersey # Name Birthdate
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Questions? Please contact Don at dtat1@aol.com or Kim at kingfam4@sbcglobal.net or 262.375.6131

Mail payment (and registration information if not registering online) to:

Grafton Soccer Club, P.O. Box 353, Grafton WI 53024 Attn: Indoor Tournament Registration