



HARRY OLSEN MEMORIAL CUP 2012 Team Registration Form

Please print clearly – Thank you.

Team Name: _____

Team Code: - - - -
 District Club Team League

Club Affiliation: _____

Select your Division:
(circle age group)

Primary Jersey Color: _____

Secondary Jersey Color: _____

Boys: U8 U10 U12 **Coed:** U14 U16

All Girls: U8 U10 U12 U14 U16

Team Record (required): _____ Wins, _____ Losses, _____ Ties - as of _____
Date (MM/DD/YYYY)

Team Contact: _____

Email Address (required): _____

Phone number: (_____) _____ Alt. Phone Number: (_____) _____

Mailing Address: _____

Head Coach: _____

Email Address (required): _____

Phone number: (_____) _____ Alt. Phone Number: (_____) _____

Mailing Address: _____

Team application and payment must be received by February 22, 2012.

**Teams will not be accepted without a completed registration and payment. Team space is limited.
Teams will be accepted on first come, first served basis and as space allows.
Teams will be notified by February 29, 2012 if their team has been accepted.**

Coaches or team managers must check in their team at least one hour prior to the start of their first game.
Please bring player & coach passes, 4 copies of FYSA roster and medical release forms for each player.

Mailed Applications can be sent to: WCAA, Attn: HOMC 2012, 29550 Forest Glen Dr, Wesley Chapel, FL 33543

Entry Fees: Make checks payable to WCAA

U8 & U10 \$200 per team

U12 \$250 per team

U14, U16 \$300 per team

\$50 late fee if received after February 29, 2012.