

# TEAM ENTRY FORM

TEAM NAME: \_\_\_\_\_

CIRCLE ONE:

Men's    50 & Over    60 & Over    65 & Over    70 & Over

Women's 40 & Over

UNIFORM COLORS: \_\_\_\_\_ ALTERNATE \_\_\_\_\_

NATIONAL/STATE/ASSOCIATION: \_\_\_\_\_

LEAGUE \_\_\_\_\_ CLUB: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HEAD COACH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE #: HOME \_\_\_\_\_

BUSINESS \_\_\_\_\_ FAX#: \_\_\_\_\_

EMAIL \_\_\_\_\_

TEAM MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE #: HOME \_\_\_\_\_

BUSINESS \_\_\_\_\_ FAX#: \_\_\_\_\_ EMAIL \_\_\_\_\_

Non-refundable team fee is \$ 550.

Make Checks Payable to the Aloha United Soccer Club.

Mail this team Entry Form and Team FEE to:

Aloha United Soccer Club

7040 Kamilo Street

Honolulu, Hawaii 96825

# TEAM ROSTER

**TEAM NAME:** \_\_\_\_\_

**CIRCLE ONE:**

**Men's    50 & Over    60 & Over    65 & Over    70 & Over**

**Women's 40 & Over**

**HEAD COACH:** \_\_\_\_\_

PLAYERS LAST AND FIRST NAME	BIRTH DAY (MO/DAY/YR)

Proof of age documents for each must be submitted to the credentials committee at the Coaches Meeting