

TEAM ENTRY FORM

TEAM NAME: _____

CIRCLE ONE:

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

Women's 40 & Over 50 & Over 60 & Over 65 & 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 \$ 650.
Make Checks Payable to the Royal Hawaiian Soccer Club.
Mail this team Entry Form and Team FEE to:
Royal Hawaiian Soccer Club
7040 Kamilo Street
Honolulu, Hawaii 96825