

ABYSA 2016

3v3

Spring Bash

Team Registration Form

Team Name: _____

Association Name (Ex. ABYSA, HSA, TYSA): _____

Age Group/Division* (Pick One)

U7 Coed _____ U7 Girls _____

U8 Coed _____ U8 Girls _____

U9 Coed _____ U9 Girls _____

U10 Coed _____ U10 Girls _____

U11 Coed _____ U11 Girls _____

U12 Coed _____ U12 Girls _____

U14 Coed _____ U14 Girls _____

HS Coed _____

*ABYSA reserves the right to combine age groups as needed to insure the viability of games.

Coaches Name: _____

Contact Number: (Home) _____ (Work) _____ (Cell) _____

Email _____

Address: _____

City: _____ State: _____ Zip Code: _____

Application Deadline: Postmarked by Friday May 20th
To register your team, please submit this form along with a completed roster form (see below) and a \$75 check made payable to ABYSA.

Send to:
ABYSA
PO Box 895
Asheville, NC 28802

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Player Roster

Coaches

Name: _____

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>

By signing below I am confirming that all of the above players are registered with NCYSA for the 2015-16 year. I also understand that playing a player not listed on the above roster or not registered with NCYSA is grounds cancellation of our scheduled games and forfeiture of our team's fees.

Coaches Signature: _____