6th Annual 3v3 Summer League 2009

Team Name_____ Age U-_____ Girls/Boys _____

What League do you play in? _____

Division _____ Last seasons record W __ T __ L __

Coaches Name _____ E-Mail _____

Phone _____ Cell _____

Roster: (Not needed to apply)

1. _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

7 _____

Division Requested (Circle one) A B C

Special Requests

_____

Total payment enclosed $325.00

Check # _____

Please make checks payable to: Cherry Hill FC

Mail to : 2 Seventh Avenue

Cherry Hill NJ 08003