

4v4 oktoberFest

Tournament Name: _____ Tournament Date: _____

Team Name: _____ Team's City of Origin: _____

Team Contact Person: _____ Email: _____

Address: _____ City/State/Zip _____

Cell #: _____ Home #: _____ Work #: _____ Fax #: _____

ROSTER INFORMATION

Coach: _____ Asst Coach: _____

Home #: _____ Cell #: _____ Home #: _____ Cell #: _____

Email: _____ Email: _____

	Player Name	Date of Birth (MM/DD/YY)	Current/Last Team	
1.	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>
7.	_____	_____	_____	<input type="checkbox"/>

U6 and U8 teams may have one additional player.

Mail Information and Payment to:

California Odyssey
Attention: Katie Lee
435 N. Clovis Ave #103
Clovis, CA 93611
P. 559.324.9422
F. 559.324.9022

TEAM INFORMATION

Circle Team Specifications Below

Youth: Boys Girls Co-ed
Adult: Mens Womens Co-ed

Age Group: _____

Credit Card Payment

CC# _____ Exp: _____

PAYMENT METHOD

Payable to: California Odyssey Soccer Club
Cash, Check, or Money Order
Also accepting Credit Card Payment

OFFICE USE ONLY

Paid by: Cash Check CC