Icon

Description automatically generated with medium confidenceBen Kirby Memorial Tournament at Albion 2024

Friday, February 16th and Saturday, February 17th

Registration Form (Due Wednesday, January 31st)

Team Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate division and number of teams: $125 first team – $100 second team

Grade 6 Girls or Boys # of Teams \_\_\_

Grade 8 Girls or Boys # of Teams \_\_\_

Grade 10 Girls or Boys # of Teams \_\_\_

Grade 12 Girls or Boys # of Teams \_\_\_

Open Division (must have one female on the court at all times) # of Teams\_\_\_

Total amount enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make check payable to: Albion Soccer Club and mail to:**

Albion Soccer Club

PO Box 225

Albion, NY 14411

\*This is a recreation tournament only. Registering teams must consist of athletes from home school. All registration fees must be included with registration forms. Concessions will be available throughout the tournament.

\*Rosters and insurance forms may either be mailed or turned in at tournament check in\*