



Ben Kirby Memorial Tournament at Albion
2025
Friday, February 14th and Saturday, February
15th

Registration Form (Due Friday, February 7th)

Team Name _____

Coach _____

Phone # _____

Email _____

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

Grade 4 Girls or Boys # of Teams _____

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),

along with an Albion Alum # of Teams For the Open Division _____

Total amount enclosed: _____

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

Albion Soccer Club

PO Box 225

Albion, NY 14411

All registration fees must be included with registration forms. Concessions will be available throughout the tournament.

Rosters/release forms may either be mailed or turned in at tournament check in