BYRON-BERGEN STING INDOOR TOURNAMENT REGISTRATION

Team Name: _____ Coach: _____

Address: _____

_____

Phone: _____

Coach or Manager Cell Phone_____

Boys or Girls

Level (circle): 3rd/4th Grade 5th/6th Grade Jr. High JV Varsity

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If you have any questions, please email John Prospero/Rob Chapman @ bbstingtournament@yahoo.com. Please email your notice to participate in the tournament as soon as possible. Completed rosters and payment must be Mailed to:

Please make checks for the entry fee payable to Byron-Bergen Sting Soccer.

John Prospero
Byron-Bergen Sting Soccer Club
33 Canterbury Lane
Bergen, NY 14416