Ben Kirby Memorial Tournament at Albion 2027

Friday, February 26th and Saturday, February 27th

Registration Form (Due Friday, February 12th)

Team Name_____

Coach_____

Phone #_____

Email_____

Please indicate division and number of teams: $130 per 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 unless other arrangements are made. Concessions will be available throughout the tournament.

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