



VAUGHAN SOCCER CLUB
DANNY PELLEGRINI CLASSIC
MAY 26 & 27, 2018



A Donation will be made from a portion of the registration fee to ALS Canada

www.als.ca

TEAM INFORMATION

Team Name: _____

Team Registration Number (Mandatory): _____

League and Division Registered During 2017 Season: _____

Team Colours: Home - _____ Away - _____

Affiliated Club Name: _____ Phone Number: _____

Age Group: U13 U14 U15 U16 U17 U18 Gender: M F

Will you require a Travel Permit: YES NO
 (if your team is outside of the York Region Boundaries you WILL require a Travel Permit)

TEAM OFFICIAL INFORMATION

Coaches Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail Address: _____

Manager's Name: _____ Cell: _____

E-Mail Address: _____

FOR OFFICE USE ONLY

Method of Payment: CHQ #: _____ CREDIT CARD AUTH.#: _____ Amount Paid: \$ _____

Registration Fee: \$425.00

Cheques payable to:

Vaughan Soccer Club

P.O. BOX 852 11151 Keele Street

Maple, Ontario L6A 1S1

tournament@vaughansoccer.com

905.832.0911

