



adidas
 Warrior Fall
 Soccer Classic

Team Contact Information

WFC Tournament Team Number: _____

Age Division	Under -	Gender (circle)	Male	Female
Team Name				
Club Name				
State Assoc.				
Primary Contact				
Cell Phone	()	Home Phone	()	

Second Contact				
Cell Phone	()	Home Phone	()	

Verification of Coach's Concussion Training and Lindsay's Law compliance. By signing you are stating that all coaches have completed the necessary Concussion Training and Lindsay's Law Requirements as per the registration instructions. **(OUT OF STATE COACHES ONLY)**

Coach's Signature: _____

Hotel Details

Hotel					No Hotel Needed		
# Of Rooms Booked	Thur		Fri		Sat		Sun

**** We are a Stay to Play Tournament You must use the Hotel list ****
**** provided on the tournament Website ****