

2008 LUZERNE COUNTY CUP
SOCCER TOURNAMENT
Oct. 18th, 19th, 25th Nov. 1st
APPLICATION

TEAM NAME _____ AGE GROUP U- _____

Club Affiliation _____ Boys _____ Girls _____

Head Coach _____ Phone # _____

Street Address _____

City/Borough _____ State _____ Zip _____

E-Mail _____

COMPLETE THIS SECTION IS SOMEONE ELSE SHOULD RECEIVE TOURNAMENT INFO.

NAME _____ PHONE # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Send check or money order for \$85.00, payable to Wyoming Valley Youth Soccer, on which I have annotated our TEAM NAME and AGE GROUP is enclosed. I understand the fee is not refundable after the tournament selection has been made. My team meets all the requirements found on the Luzerne County Cup Information Sheet. I have enclosed an EPYSA team roster.

Visit our web page for more information. WWW.WVYSA.COM

COACH SIGNATURE _____

DATE _____ CHECK NUMBER _____

SEND APPLICATION TO:

WVYSA

PO BOX 2564

WILKES-BARRE, PA. 18703