



Kohl's American Cup Festival Registration Form

Registration Deadline: **April 29, 2011**

Club Name _____ District _____

Team Name _____

Age Group (circle one): **U6**
U8
U10

Play Group (circle one): **Coed**
Play Group (circle one): **Boys Girls Coed**
Play Group (circle one): **Boys Girls Coed**

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

Email: _____

Player Names and Birthdates:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Cost:

Number of Players _____ x \$10.00 per players = _____

Make checks payable to: PA West Soccer Association

This form and check should be mailed to:

PA West Soccer, 111 Whitehead Lane, Suite 200, Monroeville, PA 15146 Attn: Kohl's American Cup

ANY TEAM OR CLUB IN VIOLATION OF RULES WILL BE BARRED FROM FUTURE AMERICAN CUP FESTIVALS