

# 2024 NASSAU BEACH SOCCER TOURNAMENT

## REGISTRATION FORM

Team Name: \_\_\_\_\_

Team Colour: \_\_\_\_\_

Team Manager Name: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Number: \_\_\_\_\_

**PLAYERS MUST BE BORN ON OR BEFORE DECEMBER 31, 2008**

No.	Player Name	Date of Birth
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>Additional Players (\$40.00 each)</b>		
11		
12		
13		

\_\_\_\_\_  
Manager Signature