

Registration Form

Please provide the following information

Club Name : _____

Team Name : _____

Age Level : _____

Gender : _____

CDYSL Division : _____

Division Request for Tournament (A or B) : _____

Note : B Division limited to CDYSL Div. 3 and lower

Coach : _____

Cell Phone : _____

Email : _____

Address : _____

Alt. Contact : _____

Cell Phone : _____

Email : _____

Address : _____

Comments : _____

Please mail the following items:

- Completed registration form
- Check (Payable to Bethlehem Soccer Club)
- League approved roster
- Permission to Travel Form if necessary

Mailing Address

Bethlehem Soccer Club
33rd Annual Soccer Tournament
PO Box 305
Delmar, NY 12054