

TOURNAMENT TEAM REQUEST FORM

Ohio Youth Soccer Association North
 6650 West Snowville Road, Ste. Y, Brecksville, OH 44141
 Tel.: (440) 526-6650 Fax: (440) 526-9055
 Website: www.ohionorthsoccer.org

TOURNAMENT TEAM NAME: _____

TOURNAMENT TEAM CONTACT : _____

CONTACT ADDRESS: _____

CONTACT EMAIL: _____ **CONTACT PHONE:** _____

Date submitted: _____ **Date Needed:** _____ (Include express processing if within 7 days)

Total submitted: \$ _____ (\$20 per player/coach, and \$50 for express processing if necessary.)

- I will pick up the passes and roster at the Ohio North office. Please call me when ready.
- Please mail passes and roster to the team contact listed above. I have enclosed a charge card form for shipping charges.

	Last Name	First Name	Residence City	Birthdate (mm/dd/yy)
Coach				
Coach/mgr				
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