

Coastal Georgia Soccer Association

Savannah Rec Cup 2005

November 19 & 20, 2005

Entry Deadline Tuesday, November 1st, 2005

Amt \$ _____

Check# _____

Received: __/__/__

By: _____

Team Entry Fee:

U-08: \$150.00

U-10: \$325.00

U-12: \$350.00

U14-U16 \$395.00

Team Name: _____

Gender: Girl Boy Age: U-_____

Coach: _____

Address: _____

City: _____

Fax: _____

Manager: _____

Address: _____

City: _____

Fax: _____

Send Future Mailings to: Coach Mngr

Phone: _____

Cell: _____

State: _____ Zip: _____

E-mail: _____

Phone: _____

Cell: _____

State: _____ Zip: _____

E-mail: _____

Teams are bracketed based on supplied team history. This bracketing is to provide parity in the divisions. Keep in mind our tournament has a mercy rule.

Team history previous Spring: _____

Team history previous Fall: _____

Team Tournament history: _____

How long has this team played together? _____

If you prefer to play in the most competitive division check here: _____

Mail this form and your entry fee to CGSA by Tuesday, November 1st, 2005

CGSA Savannah Rec Cup 2005
#16 Medical Arts Center, Savannah, GA 31405

CGSA Office (912) 691-2472 Fax (912) 691-1632

E-mail cgsa@cgsasoccer.org Website www.cgsasoccer.org