

Coastal Georgia Soccer Association

Savannah Senior Cup 2005

November 12 & 13, 2005
Entry Deadline Friday, October 28, 2005

Amt \$ _____
Check# _____
Received: __/____
By: _____

Team Entry Fee:
U-15 through U-19
\$475.00

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: _____

To provide parity in divisions, please complete the following:

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 Friday, October 28, 2005

CGSA Savannah Senior Cup 2004
#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