

REGION ONE PILOT PROGRAM 2019 SQUAD REGISTRATION FORM

Age Division: Boys Under:

Girls Under:

Club Name:

Squad Name:

Squad Colors: Shirts:

Shorts:

Coach Name:

Telephone Number:

Squad Contact:

Telephone Number:

Address:

City:

Postal Code:

E-Mail Address:

Club Official:

Date:

_____ (Club Official Signature)

Registrations complete **with** appropriate fees **must be received** on or before **April 8.**

Fee Structure:

a) Squad Registration Fee

\$200 per entry

Cheques payable to Western Region Soccer League

As this is a pilot program the financial transactions will flow through the Regional League but will be processed under a separate file.

Registration by Mail:

Please send registration forms and fees to:

John Dutot
25 LaMantia Avenue
Strathroy, Ontario N7G 3Z5

For Office Use Only

Received by: _____ Date: _____