

Tournament Registration
2006 - 2007

610-650-8701
610-650-8703 fax
www.thefarpost.net

The Far Post

P.O. Box 1005
Oaks, PA 19456

Team Name _____ Age _____ Gender _____ Level: A or B

Contact _____ Email _____ Phone _____

Fall League _____ Division _____

Tournament Date _____ **Bracket Age/Gender** _____

Each team will play a minimum of three 24-minute games.

Tournament fee is \$255 per team and non-refundable. **Referee costs are included in tournament fee.**
We use certified USSF referees.

Check applicable boxes: (You must agree to and check the last 2 items in order to participate.)

_____ This team is an actively registered member of EPYSA and/or US Club Soccer, and has liability coverage through that entity, and all players, whether rostered or guesting, are carded players with either EPYSA and/or US Club Soccer. I will provide an official roster to The Far Post.

_____ I understand that any player that is not a member of EPYSA and/or US Club Soccer, must fill out a waiver that is signed by the player's guardian before that player may participate at The Far Post.

_____ I have read the rules and regulations posted on The Far Post website. I will act in the spirit of good sportsmanship and will make sure that all players on this team do the same.

Contact Signature _____ Date _____