



2nd Annual Halloween Jamboree Registration Form

Team Name:

Team Color:

Coach's Name:

Coach's Address:

City:	State:	Zip:
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Phone:	Fax:	E-mail:
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Please make Checks (\$100.00) payable to:
SMCRC
 215 Narragansett Street
 Gorham, Maine 04038

Division Requested: (circle one) U9 U10 U11 U12 Boys/Girls

No	Full Name Please Print	Date of Birth
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

I understand that if my team is not accepted, the entry fee will be returned in full. I further understand that if my team is accepted and later withdraws, the entry fee will be forfeited.

Signature: _____ Date: _____



Miscellaneous Application Information:

1. A tentative roster is part of the application please fill out alphabetically, maximum roster size is 12. (U9 and U10 can get a variance in writing.)
2. Upon acceptance in the YourSpace Halloween Jamboree 6 v 6 Soccer Tournament, information packets will be sent directly to the coach.
3. In order to list your team coaches and rosters in the program information needs to be submitted by October 21st to:

YourSpace Halloween Jamboree
215 Narragansett Street
Gorham, Maine 04038
(207) 839-6767
www.yourspacemaine.org
email: rental@yourspacemaine.com

4. Teams accepted from out-of-state must present a permission to travel from at registration.
5. Each player will receive a Halloween Goodie Bag.
6. Come in your best spooky soccer uniform, please keep safety and comfort in mind.