



# Fellowship Cup Application

August 9-10, 2014

**A Friend in Need, Inc.**

Application Date: \_\_\_\_\_

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Jersey Colors Home: \_\_\_\_\_ Away: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PLAYER ROSTER

	NAME	GENDER	DOB	PHONE	SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Check one:

☐ Payment enclosed (check # \_\_\_\_\_) ☐ Check to be mailed ☐ Paid on line with credit card