

CBYSA
3v3 FUNDRAISER 2010

Team name: _____

Date Due: February 26, 2010 Current Date: _____

Age Group: U6 U8 U10 U12 U14 U17 U19 Adult Other: _____ Gender: M F

Coach: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Players Names	Birth Date	Club Affiliation
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Cost is \$15.00 per player with a minimum of \$75.00 per team.

Mail complete registration form and Registration Fee (payable to CBYSA) to:
Sharon Robinson
29 Horizon Dr
Council Bluffs, IA 51503