

CHFC
7th Annual 3v3 Summer League 2010

Team Name _____ Age U- _____ Girls/Boys _____

League you play in? _____ Town _____

Division _____ Last season's record W __ T __ L __

Coaches Name _____ E-Mail _____

Phone _____ Cell _____

Roster: (Not needed to apply)

1. _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

7 _____

Division Requested (Circle one) A B C

Special Requests

Payment enclosed (Check One)

Full payment _____ \$365.00 _____ Deposit \$100.00

Check # _____

Please make checks payable to: Cherry Hill FC

Mail to : c/o 2 Seventh Avenue, Cherry Hill, NJ 08003