



**FEBRUARY 17, 2019  
LIWSL INDOOR TOURNAMENT  
TEAM REGISTRAION**

**TEAM NAME:** \_\_\_\_\_

**COACH'S NAME:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**COACH'S ADDRESS:** \_\_\_\_\_

**UNIFORM COLORS: SHIRTS:** \_\_\_\_\_ **SHORTS:** \_\_\_\_\_

**PAYMENT OPTIONS:**

1. Mail completed registration form with check made out to LIWSL to:  
LIWSL  
PO Box 584  
Port Jefferson Station, NY 11776
2. Email form to [registrar@liwomensoccer.com](mailto:registrar@liwomensoccer.com) and pay by credit card using the LIWSL payment link.