



AUGUST 7, 2016
24th ANNUAL LIWSL 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 and pay by credit card using the LIWSL payment link.