



**West Haven Invitational Tournament**  
**In Support of Breast Cancer Awareness**  
**2017**



**Columbus Day Weekend – October 7 & 8, 2017**

PLEASE TYPE OR PRINT

**Please CIRCLE the appropriate Age and Sex for your team:**

**Boys / Girls**

Age: U-15 Born on or After January 1, 2003      U-12 Born on or After January 1, 2006  
 U-11 Born on or After January 1, 2007      U-10 Born on or After January 1, 2008

For Information email WHIT@WHYSL.ORG

Team Name: \_\_\_\_\_

Club Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Team Color: Jersey \_\_\_\_\_ Shorts: \_\_\_\_\_ Alt. Uniform: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Team History: (see below)

Divisional Level: \_\_\_\_\_

Recent Season Record: Won: \_\_\_\_ Lost: \_\_\_\_ Tied: \_\_\_\_

Recent Tournament Record: Won: \_\_\_\_ Lost: \_\_\_\_ Tied: \_\_\_\_

Name of Tournament: \_\_\_\_\_

Club Official or Coach Signature: \_\_\_\_\_

**PLEASE REMEMBER:**

- (1) Deadline is 9/26/2017
- (2) Enclose a check for \$375 for U11 through U15 divisions and \$300 for U10 age group.
- (3) Roster must be received by 10/7/17.