

REGISTRATION FORM

Mail Form & Check to: QC Strikers - c/o Roger A. Abbitt - 5102 25th Ave. Crt., #203 - Moline, IL 61265
309 764-3340

Team Name: _____

Club Name: _____

Contact: Manager/Coach _____

Address: _____

City/State/Zip: _____

Tele.: Night: _____ day: _____

FAX: _____

Email: _____

(Circle one) Boys / Girls

Age: (circle one) 9 10 11 12 13 14 15 16 17 18

Fall Record: _____

Tournament(s) highlights/record: _____

State Cup Result: _____

Team Rating: (circle one) 1 2 3 4 5 6 7 8 9 10 Best

REGISTRATION DEADLINE - JUNE 1, 2001