



3 vs 3 Soccer Tournament  
3rd/4th Grade--- March 14th  
5th/6th Grade-- March 21st

**Team Name:** \_\_\_\_\_ **Team Grade:** (Circle One) 3rd/4th or 5th/6th  
(All Players on team must be in team grade selected)

**\*\*\*\*\* First Player will be team contact--By email \*\*\*\*\***

**Player #1:** \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Player #2:** \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Player #3:** \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Player #4:** \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Player #5 :** \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\$125.00 fee per team**

Registrations can be submitted in person at the concession stand during Olean Soccer Club games or mailed to Allyson Spring 103 North 19th Street, Olean, NY 14760

Make Checks payable to: **Olean Soccer Club**

**Maximum of 8 teams will be accepted for each day**