# Welcome to ACYSO's 6th Annual Summer Heat 3v3
# August 16th and 17th, 2008

TEAM NAME: _____ SEX: Male Female Co-Ed
(Circle One)

HOME ASSOCIATION: _____
*(AAYSA/ACYSO or AAYSA/NEYSO or CAYSA, etc.)*

AGE GROUP: (Circle One) Teams must register according to the age of the oldest player on the team.

**U-5 U-6 U-7 U-8 U-9 U-10 U-11 U-12 U-13 U-14 U-15 U-16 U-17 U-18 Adult**

LEVEL OF COMPETITION: (Circle One)

**U6-U10:** REC or ACADEMY **U11 and above:** RECREATIONAL or COMPETITIVE

LEVEL OF EXPERIENCE: (Circle One)

**Least 1 2 3 4 5 6 7 8 9 10 Most**

Circle the number that best indicates where *you* would place your team's average **Level of Experience.**
Rank yourself in comparison to other teams you compete against in Seasonal Play and Tournaments.
Win/Loss Record for most recent season: Wins _____ Losses _____ Ties _____
Experience playing in 3v3 tournaments: Wins _____ Losses _____ Ties _____

REGISTRATION INFORMATION:

Manager or Point of Contact: _____

**Email Address:** _____ (Schedules will be emailed out)

Phone: _____
Home Work

TEAM ROSTER:

| Player's Name | T-Shirt Size (YM-AXL) | Birthdate | Phone |
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