

Dixon Indoor Soccer Tournament

Team Name: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

	Coed/Boys	Girls
8U		
9U		
10U		
11U		
12U		
13U		
14U		
15U		
16U		
17U		
19U		

Payments must be received by Jan 2nd,
 Please mail this form along with your check payable to:
 Dixon Indoor Soccer
 324 US Highway 17N
 Holly Ridge, NC 28445

\$200 Payable to Dixon Indoor Soccer

	Player Name	Birthdate
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		