



**2017 Indigenous Soccer Cup**  
A National Native Youth Leadership Conference

**TEAM REGISTRATION**  
(ONE REGISTRATION PER TEAM)

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

**Team Age Classification (circle appropriate age):** U-13 U-15 U-17 U-19

**Team Contact Person:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province/Territory:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone (daytime) (\_\_\_\_\_) \_\_\_\_\_** **Phone(evening) (\_\_\_\_\_) \_\_\_\_\_**

**Team Head Coach:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province/ Territory:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone (daytime): (\_\_\_\_\_) \_\_\_\_\_** **Phone (evening): (\_\_\_\_\_) \_\_\_\_\_**

**Team Chaperone (1):** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province/Territory:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Team Chaperone (2):** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**\*\*ADDITIONAL \$100.00 FEE**

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province/Territory:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**ALL COACHES & CHAPERONES INVOLVED WITH REGISTERED TEAMS MUST COMPLETE  
A BACKGROUND CHECK AT [nmysa.net](http://nmysa.net)  
(click 'NMYSA Risk Disclosure Form')**