

## COORDINATOR INFORMATION

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## TOURNAMENT INFORMATION

Name of host (school/community/organization): \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Number of players: \_\_\_\_\_ Number of teams: \_\_\_\_\_

Please list any local sponsors and describe what they provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FUNDS

Amount Enclosed: \_\_\_\_\_

	Online	Check/Cash	Total
<b>Player Registrations</b>			
<b>Donations</b>			
<b>Total</b>			

**Mail all checks, this Tournament Summary Form, the Registration Form and all Pledge Forms to:**

Soccer Tournaments  
c/o Grassroot Soccer  
P.O. Box 712  
Norwich, VT 05055