

## HIGH DESERT YOUTH SOCCER LEAGUE



## 30th ANNUAL THANKSGIVING CLASSIC

NOV 29th, 30th, DEC 1ST 2024 THIS FORM MUST BE FILLED OUT COMPLETELY

Head Coach:					
Assistant Coach:					
Division:	□ U8 □	lU10 □U12	$\square$ Coed	Team Name:	
	□U14 □U19		□Girls	Team Colors:	
D.O.B	JERSEY#	PLAYER	NAME	PLAYER PASS ID	LOAN 'X'
Coaches Print N	ame:	•		Date:	<b>,</b>
Coaches Signati					
Coaches Email:					

Your Signature confirms everything is true and correct. Once entered in the Tournament a confirmation will be sent to the email address provided.

**DEADLINE IS 11/20/2024, CONTACT: HDYSL (442) 243-0974 FOR PAYMENT LINK** 

RECREATIONAL: APPLICATION FEE IS \$300 PER TEAM (email application to hdysl@verizon.net)