

West Haven Invitational Tournament

In Support of Breast Cancer Awareness







PLEASE TYPE OR PRINT

Please CIRCLE the appropriate Age and Sex for your team:

Age: U-15 Born on or After January 1, 2009 Boys / Girls Comp/Rec

U-12	Born on or After January 1, 2012	Boys /Girls	Comp/Rec	
U-11		Boys /Girls	Comp	
U-10	Born on or After January 1, 2014	Boys /Girls		
For Informat	ion email WHIT@WHYSL.ORG			
Team Name:_				
Club Name:_				
City:	State:		Zip:	
Contact Nam	e:			
Email:	Work Phone:	C	ell Phone:	
Address:				
T	40			
<u> Feam History</u>	<u>v:</u> (if available)			
Divisional Le				
Recent Season	n Record: Won: Lost:	_ Tied:		
	nament Record: Won: Lost: rnament:		_	
Club Official	or Coach Signature:			

PLEASE REMEMBER:

- (1) Deadline is 9/30/2023
- (2) Please remind your parents that per a West Haven City Ordinance and, therefore, tournament rules dogs are NOT allowed at the fields
- (3) Roster must be received before first game on 10/7/23
- (4) Applications can, also, be entered via your team's "Tournament" Tab in U.S. Soccer Connect