



Braden River Soccer Club
8th Annual Halloween Havoc Application

Team Name: _____	Age Group U- _____	B/G _____
Team Code: District _____	Club _____	Team # _____ League _____
Club Affiliation: _____		
Uniform Colors: Primary: Jersey _____ Shorts: _____ Socks: _____		
Alternate: Jersey _____ Shorts: _____ Socks: _____		

Team Record Last Season (W) _____ (L) _____ (T) _____ Division _____

Recent Tournament Results:

Tournament:	Year	Record
_____	_____	_____
_____	_____	_____
_____	_____	_____

Head Coach: _____
Address: _____
City/Zip: _____
Phone: (H) _____ (C) _____ (W) _____ (Fax) _____
Email Address: _____
Contact Person: _____
Address: _____
City/Zip: _____
Phone: (H) _____ (C) _____ (W) _____ (Fax) _____
Email Address: _____

Coach's Signature: _____

TEAM APPLICATION AND FEE MUST BE INCLUDED WITH THIS APPLICATION

Mail to: BRSC, 11523 Palmbrush Trail #212, Bradenton, FL 34202