**2025 SOCCER INVITATIONAL TEAM REGISTRATION**

# EVENT DESCRIPTION

**OFFICIAL EVENTS OFFERED:**

**1. SOCCER**

***Event Code Event Description***

FBTEAM Five-A-Side Team Soccer

**ELIGIBILITY FOR SOCCER SEASON COMPETITION**

Valid SOWI Release Form and Athlete Medical in the Headquarters office postmarked by **April 15, 2025** to remain valid through **the date of the Invitational tournament you are attending.**

To be eligible to advance to the Summer State Games, an athlete’s Medical must remain valid through **June 9, 2025.**

Completed COVID-19 Participant Release Form and Communicable Disease Waiver on file by **April 15, 2023.**

4. Each Local Program must fill out the Intent to Play form for soccer and have it to their Regional Office by **March 1, 2025**.

**EVENT INFORMATION:**

**SOCCER INVITATIONAL**

**Date**: Saturday, May 17, 2025

**Location:** Muskego High School, Muskego, WI

**Registration Deadline: April 17, 2025**

**Host**: Program 8-05 Wauwatosa

**Contact**: Dennis Scherr

**Event Contact Email**: dscherr56@gmail.com

**REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT**

**REGISTRATION DEADLINE (APRIL 30, 2025)**

**2025 SOCCER INVITATIONAL TEAM REGISTRATION**

**Please Print Clearly:**

Local Program Number:      Local Program Name:

Important: Material will only be sent to individual listed below. Be sure the address (no P.O. Box Numbers) is correct and the form complete.

Name:

Address:

City:       State:       Zip:

Phone H: (      )       Phone W: (      )

Fax: (      )       E-mail:

**Head of Delegation (HOD) at the Invitational:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOD Cell phone contact number while at the Invitational:** (     )

**Return this form to your host REGIONAL Office by the published deadline date!**

**I have verified that all chaperones attending the tournament are approved**

**SOWI Class A certified volunteers  (check √).**

**Team Name**: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

New Team  Existing Team

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ATHLETE NAMES**  (Alphabetical: Last Name, First) | **M/F** | **fsat score** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
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| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |

\*\*Registration information for this event will be sent to the person listed as head coach.

**(OVER)**

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Local Program Number:       Local Program Name:

Team Name:

Total Local Program number of coaches and chaperones that will be attending this tournament:

***Reminder:*** *athlete to coach/chaperone ratio is minimum of 4:1*

Will you be taking qualifying team(s) to the State tournament?  Yes  No

**LIST ALL SOCCER GAMES PLAYED THIS SEASON**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Local Program Number** | **Opposing Team Official Name** | **Date of Match** | **Your Score** | **Their Score** |
|  |  |  |  |  |
| Comments: | | | | |
|  |  |  |  |  |
| Comments: | | | | |
|  |  |  |  |  |
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Fax: (      )       E-mail:

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