

(You will need to photocopy this form)

2006-2007 INDOOR MINI TEAM AFFILIATION FORM

TIM BITS PROGRAM U6 TEAMS

Saskatoon Youth Soccer Inc.

2006-2007 Indoor Mini Team Affiliation Form

Date Received _____

Receipt # _____

Team Name _____

Team Colour _____

Coach _____

Address _____

Postal Code _____ Fax # _____

Phone # (H) _____ (W) _____

E-Mail _____

Age Group

Timbits U6 Division _____

(born 2000 or after)

Number of players on team _____

T-shirt sizes: YTH SM _____

YTH M _____

YTH L _____

I _____ of the _____ Community Association verify that the above information is accurate and free of error.

The _____ Community Assoc. *will / will not* participate in the Timbits Program

(Please Cut)

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