AZ USPSA League Weekend *February 25th-26th 2017*
Power Soccer Tournament
Team Roster Form

Mail or Email Registration Packet to:

Arizona Disabled Sports
Attn: 2017 *AZ USPSA Weekend*
59 East Broadway Road
Mesa, AZ 85210

Please include contact information for a team representative and complete the team roster.
Registration Fee per team $200 (make checks payable to Arizona Disabled Sports)
Registration deadline is Monday, February 13th, 2017.

Team Name _____ ☐ Conference _____

Team Representative _____ ☐ Coach ☐ Athlete ☐ Supporter

Address _____
Street City State Zip Code

Daytime Phone _____ Cell Phone _____

E-mail Address _____

Athlete Full Name	**Age**	**Gender** (M / F)	**Disability** (CP, MD, SCI, etc)	**Email Address**	**Jersey Number**

Team Roster: Each athlete and coach is required to have a signed waiver, which is provided.

Head Coach Name: _____

Assistant Coach Name(s): _____

Submit Team Roster to:
AzDS, 59 E Broadway Rd, Mesa, AZ 85210; tiffany@arizonadisabledsports.com or fax to 480.610.2257.