

Individual Soccer Skills Competition Registration Form

Team Name: _____

Head Coach: _____

Phone: _____



(Must attend 75% of practice sessions to qualify for the tournament)

		Pre-Scores			
Name	Age	Dribbling	Shooting	Run & Kick	Total Points
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					