



LI CUP



GIRLS TEAM WITHDRAWAL FORM

FOR OFFICE USE ONLY

LEAGUE
DIVISION _____

CLUB NUMBER _____ CLUB NAME _____

TEAM NAME _____ TEAM NUMBER _____

AGE GROUP U- _____ Date of birth of oldest player _____

COACH _____

STREET _____

TOWN _____

ZIP _____ PHONE _____

EMAIL _____

Signature Team's Head Coach

Signature Club Registrar

PLEASE NOTE

**ALL TEAMS ENTERED INTO THE LEAGUE WILL
AUTOMATICALLY BE ENTERED INTO THE
LI CUP THIS FORM IS TO BE USED FOR ANY
TEAM THAT DOES NOT WISH TO PARTICIPATE.**

MUST BE SUBMITTED BY JANUARY 14, 2017