AVIATION SOCCER
Tournament

AVIATION SOCCER TOURNAMENT
REGISTRATION FORM

Date: _____

Company Name: _____

◯ Soccer company team ◯ Airline team ◯ Airline representative ◯ Special guest

Company Contact Name of the person in charge of the soccer team:

_____

Phone Number: _____

E-mail: _____

Team Captain Name: _____

Phone Number: _____

E-mail: _____

Sponsorship: ◯ Yes ◯ No

If yes, sponsorship package name_____

Signature: _____