



HIGH DESERT YOUTH SOCCER LEAGUE

PRESENTS THE

31st ANNUAL THANKSGIVING CLASSIC

NOV 28th- 30th 2025
THIS FORM MUST BE FILLED OUT COMPLETELY



Head Coach: _____ Cell: _____
Assistant Coach: _____ Cell: _____
Division: U8 U10 U12 U14 U19 Coed Team Name: _____
 Girls Team Colors: _____
(Players born in **2007 or later** are eligible to register)

Coaches Print Name: _____ Date: _____

Coaches Signature: _____

Coaches Email:

Your Signature confirms everything is true and correct. Once entered in the Tournament a confirmation will be sent to the email address provided.

DEADLINE IS 11/23/2025, CONTACT: HDYSL (760-792-5553) FOR PAYMENT LINK

RECREATIONAL: APPLICATION FEE IS \$300 PER TEAM (email application to hdysl@verizon.net)