



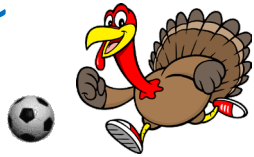
HIGH DESERT YOUTH SOCCER LEAGUE

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 ☐ Girls Team Name: _____
(Players born in **2007** or later are eligible to register) Team Colors: _____

D.O.B	JERSEY #	PLAYER NAME	PLAYER PASS ID	LOAN 'X'

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)