



PLEASE USE THE FOLLOWING FORM TO ENTER THE TOURNAMENT TODAY!

How to Enter? Simple. Fill out the entry information below! Mail your entry or use your reply button for email...then mail the original with your payment. Please remember that no entry is considered complete until it is paid, and there will be no refunds if a team drops out after mailing their entry.

We hope you'll join us for this fun, competitive event!

TELL US ABOUT YOUR TEAM:

Soccer Club: _____ Team Name: _____

[]Boys []Girls Age group: _____

**NOTE: ALL CORRESPONDENCE WILL GO TO YOUR TEAM'S MAIN CONTACT PERSON.
A FAX NUMBER AND E-MAIL ADDRESS ARE REQUIRED.**

TELL US ABOUT YOUR LEAGUE:

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: () _____ Work Phone: () _____

Fax Number (REQUIRED): () _____

Team's email address (REQUIRED) : _____

Coaches Name: _____

Coaches Email Address: _____

Home Phone Number: () _____ Work Phone Number: () _____

Any league conflicts:: _____

Anything we need to be aware of: _____

TELL US ABOUT YOUR TEAM:

Fall wins: _____ Fall Loses: _____ Last season place in standings: _____

Name of your league: _____ Division last played in: _____

What format do you play in your league: () 6 v 6 () 7 v 7 () 8 v 8 () 11 v 11

How many players will be on your tournament roster: _____ Number of players playing up in age: _____

