

**Application Deadline**  
**Sept. 4, 2010**

# Mockingbird Invitational

September 25 & September 26, 2010

## TEAM APPLICATION FORM

### AGE DIVISION:

Mail Application and Payment to:

Mockingbird Soccer Club  
3000 Mellwood Ave.  
Louisville, KY 40207

**AGE DIVISION:** Please (circle) the appropriate age group

Boys: U10 U11 U12 U13 U14

Girls: U10 U11 U12 U13 U14

**This team is a (circle one):** Premier (Level A) Classic (Level B)

*(Please Print)*

Team Name: \_\_\_\_\_ Club: \_\_\_\_\_

League Name: \_\_\_\_\_ State Association: \_\_\_\_\_

Coach: \_\_\_\_\_ Coach's Phone: \_\_\_\_\_

Team Mgr./Contact: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

City

State

Zip

\*\*E-mail: \_\_\_\_\_

\*\*E-mail: \_\_\_\_\_

**\*\* (Important all correspondence will be via e-mail, your e-mail address must be legible.)\*\***

### TEAM HISTORY

#### Tournaments:

Name	Division	Wins / Losses / Ties	Standings
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#### League Record:

Season	Wins / Losses / Ties	Standings	Season	Wins / Losses / Ties	Standings
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#### State Cup Finish:

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I understand that if my team is not accepted, the entry fee will be refunded in full. I further understand that once my team is accepted, the entry fee is forfeited if my team later withdraws. I agree to abide by all tournament guidelines as stated in this application. No refund will be made in the event of cancellation or shortening of any games due to inclement weather. Mockingbird Soccer Club reserves the right to combine age groups depending on number of applicants. **I agree as part of my acceptance into the Mockingbird Invitational I will use one of the tournament partner hotels.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### *For Office Use Only:*

Date Received: \_\_\_\_\_

Check No.: \_\_\_\_\_

Amount: \_\_\_\_\_