

Application Deadline
Sept. 5, 2011

Mockingbird Invitational

September 24 & September 25, 2011

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

League Record:

Season	Wins / Losses / Ties	Standings	Season	Wins / Losses / Ties	Standings

State Cup Finish:

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: _____