

**Mail to:**

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**APPLICATION**

**Contact Information:**

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COACHES NAME (FIRST / MIDDLE / LAST)

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MAILING ADDRESS CITY / TOWN STATE ZIP CODE

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PHONE - HOME PHONE - CELL

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EMAIL ADDRESS *(REQUIRED - COACHES IF YOU DO NOT RECEIVE E-MAIL WITHIN A WEEK PLEASE CALL THE PHONE NUMBER BELOW)*

**FEES**

· 6 vs 6: U10, U12, U14 & U16 \$225 (18 player roster maximum)

PLEASE FILL IN THE NUMBER OF ALL THAT APPLY

**6 vs 6**

<input type="checkbox"/> Boys	<input type="checkbox"/> U10 (born on or after 8/1/99)	<input type="checkbox"/> U16 (born on or after 8/1/93)
<input type="checkbox"/> Girls	<input type="checkbox"/> U12 (born on or after 8/1/97)	<input type="checkbox"/> Parents / Adults Coed
<input type="checkbox"/> Parents/Adults Coed	<input type="checkbox"/> U14 (born on or after 8/1/95)	

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TOWN NAME CLUB NAME

**CHECK LIST**

- COMPLETE TOURNAMENT APPLICATION
- PRELIMINARY TEAM ROSTER
- CHECKS PAYABLE TO "SOCCER FOR TIFFANY"