

TEAM NAME:

Soccer Association:

Girls Team: (Please circle one)

Age Bracket:

U9 U10 U11 U12
U13 U14 U15

Boys Team: (Please circle one)

Age Bracket:

U9 U10 U11 U12
U13 U14 U15
U16 U17 U18

Coach Name:

Address:

Email:

Home Phone:

Cell Phone:

Manager Name:

Address:

Email:

Home Phone:

Cell Phone:

Send Correspondence to: Coach ____ Manager ____ Both ____ Other ____

Team Division:- D1 D2 D3 (Circle one)

Last Two Tournaments Attended	Division Played (Gold, Silver, Bronze)	Position Placed

Requested Level of Play (if possible) Least Competitive ____ Competitive ____ Most Competitive ____

I understand that if a team is not accepted, the entry fee will be returned in full. I further understand that if a team is accepted and later withdraws, the entry fee is forfeited and that no refund will be made in the event of cancellation or shortening of any matches due to inclement weather.

Entry Deadline: September 25th 2010

Entry Fees: U9-U12 \$350, U13-U18 \$400

Signature _____ **Date** _____

Make Checks Payable to:

**LYSA
PO BOX 2603
Lebanon, TN 37088**